

52 8001

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 8001
Registered No.1. NAME OF DECEASED
(Type or Print)

BASIL J. SADLER

2. DATE
OF
DEATH

8/27/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Maryland Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

37 Mercy Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

Baltimore

Length of stay in Baltimore

Life

D. STREET ADDRESS (If rural, give location)

5812 Gwynn Oak Ave

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

3/6/87

9. AGE (In years last birthday)

65

10. Under 1 Year

Months Days

11. Under 24 Hours

Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Teacher

10B. KIND OF BUSINESS OR INDUSTRY

Music

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Wilson

Sadler

14. MOTHER'S MAIDEN NAME

Frances Egan

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

none

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Clarinda Sadler-5812 Gwynn Oak Ave.

18. 147X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Carcinoma of Hypopharynx

?

ANTECEDENT CAUSES

(B) DUE TO

Peritonitis

?

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

8/22/52

19B. MAJOR FINDINGS OF OPERATION

Ca of Hypopharynx - Destructive & Ripping

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/19, 1952 to 8/27, 1952, that I last saw the deceased alive on 8/27, 1952 and that death occurred at 9:45 A.M., from the causes and on the date stated above.

23A. SIGNATURE

W. B. Revell

M. D.

23B. ADDRESS

Mercy Hospital

23C. DATE SIGNED

8/27/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

8/30/52

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn Cem.

24D. LOCATION (City, town, or county)

Woodlawn, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. J. Tickener & Sons

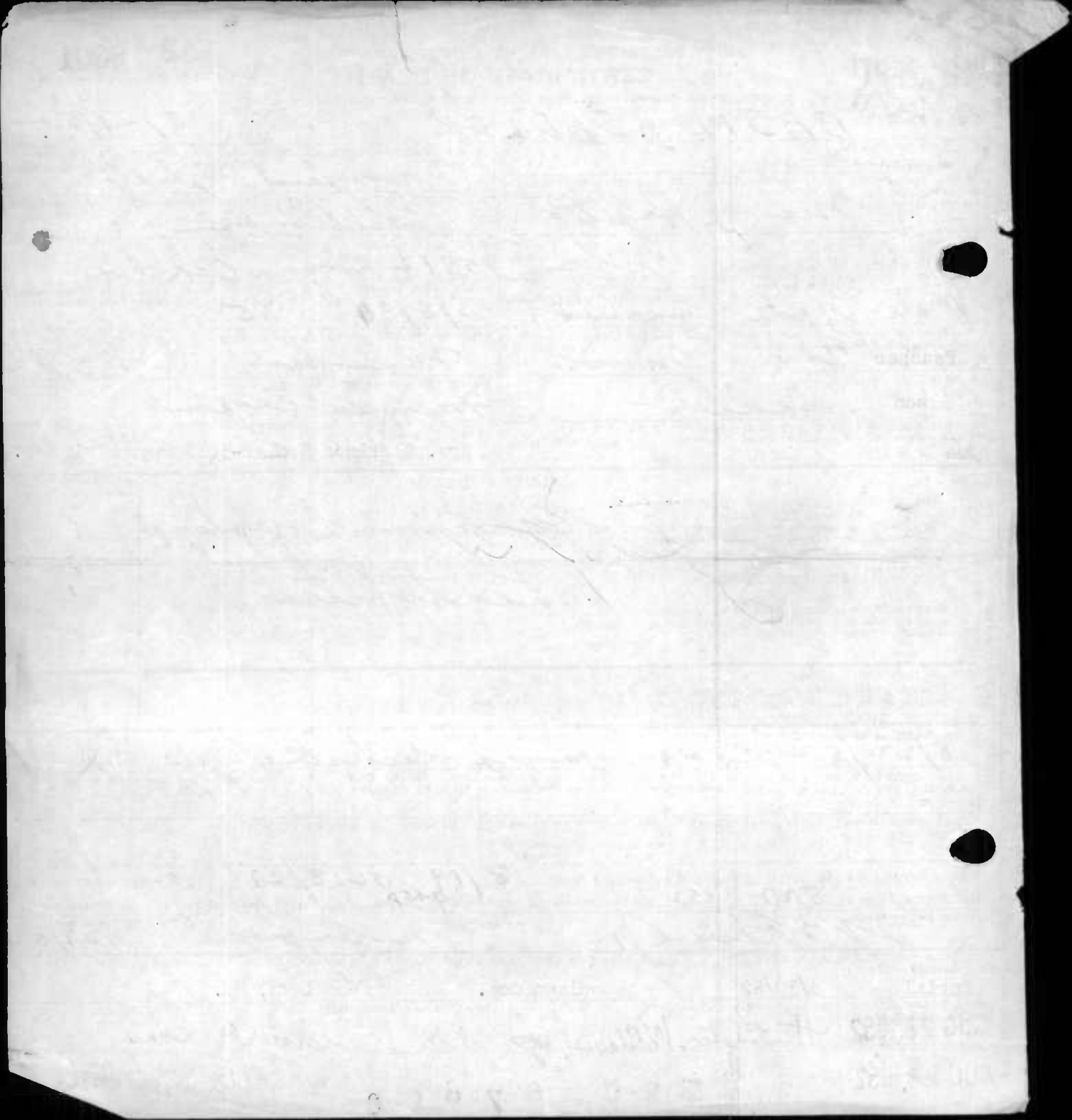
ADDRESS

AUG 28 1952

195200652008

Baltimore 17, Md.

VS 150



200

52 8002

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 8002
Registered No.1. NAME OF DECEASED
(Type or Print)

JOHN A. HICKEY, JR.

2. DATE
OF
DEATH

August 27, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE 5301 Beaufort Ave.4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 27-18D. STREET ADDRESS (If rural, give location)
5301 Beaufort Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH

April 13, 1903

9. AGE (In years
last birthday)

49

10. Under 1 Year
Months Days
11. Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Fireman

10B. KIND OF BUSINESS OR
INDUSTRY

Balto. City

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John A. Hickey, Sr.

14. MOTHER'S MAIDEN NAME

Rachel Sanders

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Eva F. Hickey-5301 Beaufort Ave.

18. 420.1 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Myocardial infarction

1 1/2 hour

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Coronary occlusion

6 mons

(C) DUE TO

Coronary arteriosclerosis

6 mons

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 28 January, 1952, to 27 August, 1952, that I last saw the
deceased alive on 22 August, 1952, and that death occurred at 1 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

8/30/52

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county) (State)

Balto., Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

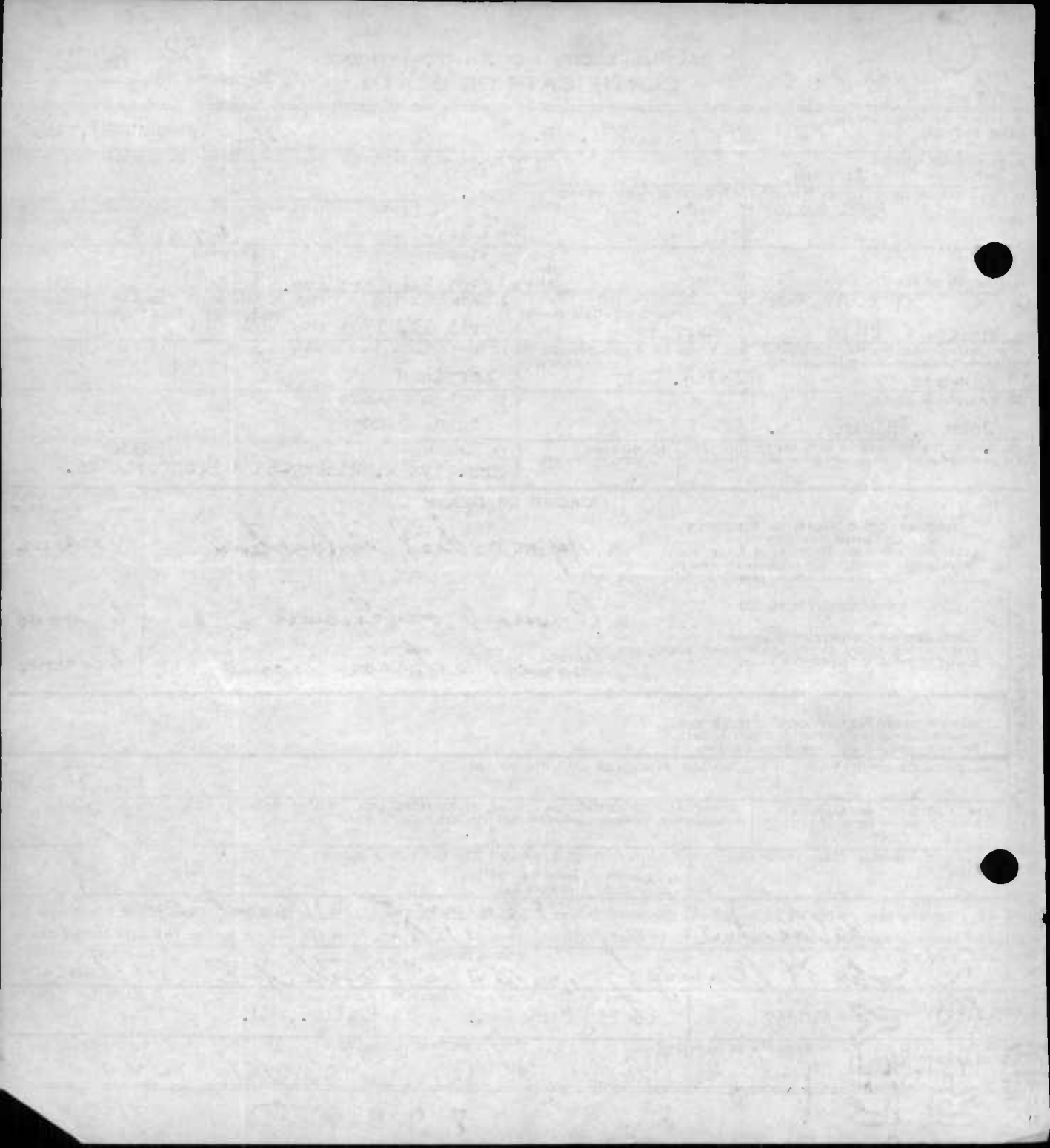
AUG 28 1952

Huntington Williams, M.D. Wm. J. Vickner & Sons

VS 150

9520-0762739 9 Balto. 17, Md.

MEDICAL CERTIFICATION



Medical Examiners Case

Released to Hospital

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52 8003
Registered No.

BIRTH NO.

52 8003

1. NAME OF DECEASED
(Type or Print)

Leonard Allent Mrowczynski

2. DATE
OF
DEATH

August 26, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

625 S. Walpe St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years
last birthday)If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 002X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from 8-26, 1952, to 8-26, 1952, that I last saw the
deceased alive on 8-26, 1952, and that death occurred at 7:30 P.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

AUG 28 1952

Huntington Williams, M.D. J. J. Jankowski 2007 Eastern Ave

VS 150

Certificate to be approved by Medical Examiner

MEDICAL CERTIFICATION

1000

CERTIFICATE OF DEATH

BALTIMORE CITY HEALTH DEPARTMENT

[Faint, mostly illegible text and lines on a death certificate form. The form includes sections for personal information, cause of death, and medical history, with handwritten entries in some areas.]

52 8004

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 8004

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CORAL LEE GRAMMER

2. DATE
OF
DEATH

8-27-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland 1509 W. LOMBARD ST.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

1509 W. LOMBARD P. ST.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTO. CITY 19-03

Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

DEC. 12, 1877

9. AGE (In years
last birthday)

74

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

HOUSE WORK

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

SURREY Co. VA.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

UNKNOWN -

CLARK

14. MOTHER'S MAIDEN NAME

UNKNOWN.

SCHAIDEL

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL
SECURITY NO.

NONE

17. INFORMANT

ADDRESS

MRS. SCHAIDEL 1509 W. LOMBARD ST.

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Arteriosclerotic Cardio -
DUE TO Vascular disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inquiry thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

H. J. Mc Clafferty

M.D.

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

8-27-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

AUG 30, 1952

24C. NAME OF CEMETERY OR CREMATORY

WESTERN

24D. LOCATION (City, town, county) (State)

LONGWOOD + EDMONSON AVE BALTO. MD

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

AUG 28 1952

Huntington Williams, MD

25. FUNERAL DIRECTOR

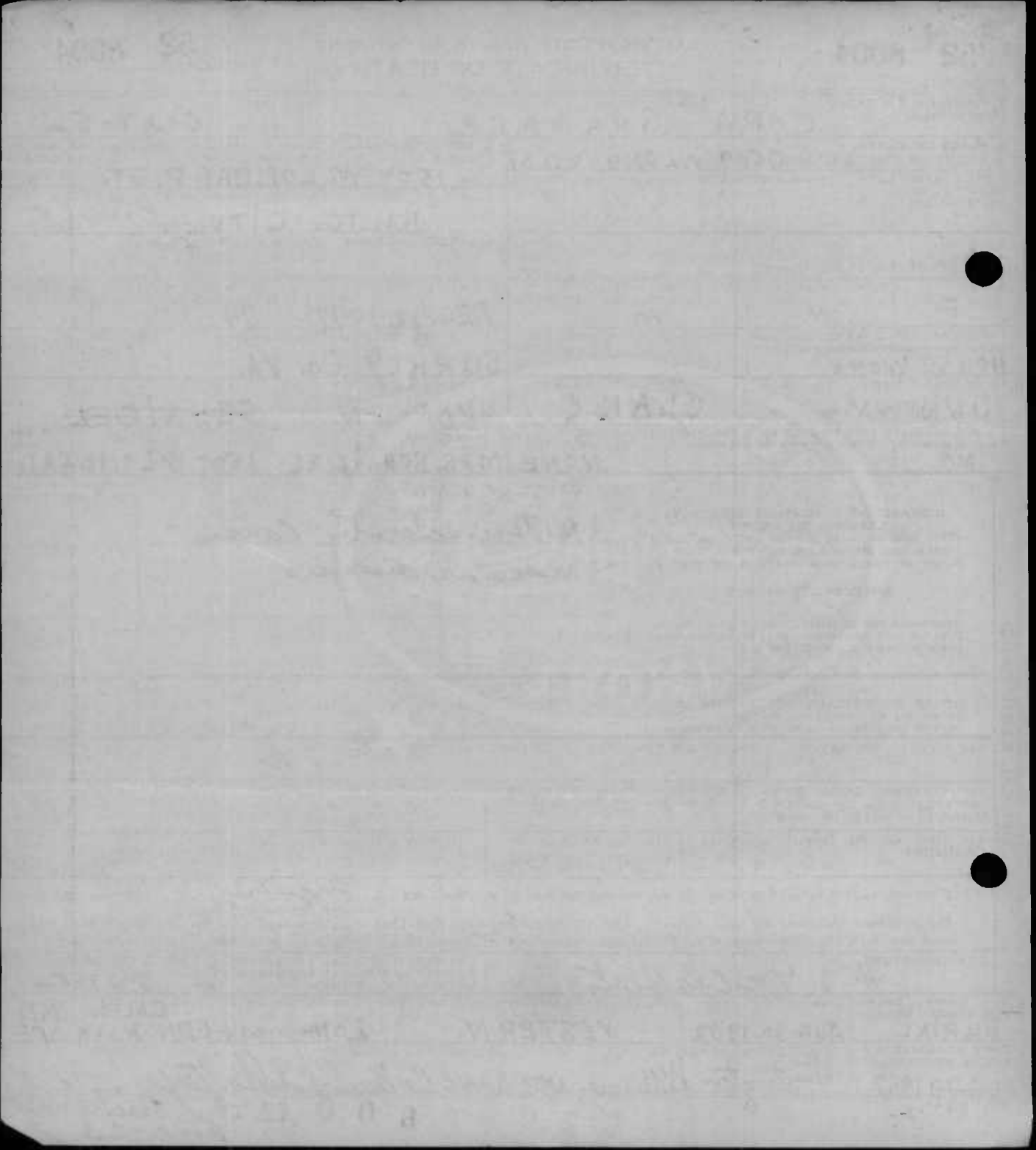
ADDRESS

VS 151

Robt C. Paulah Walters

1212 S. Strickland St

Zone 23



52 8005

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 8005
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CATALDO DOCCOLO

2. DATE
OF
DEATH

8/27/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

1613 N. CHAPEL ST

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

CAUSE OF DEATH

18. 420.1

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A)
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)INTERVAL BETWEEN
ONSET AND DEATH10 minutes
8 years
UnknownII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 1944, to Aug. 27, 1952, that I last saw the
deceased alive on July 22, 1952, and that death occurred at 6 A. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

5005

50

STATE OF CALIFORNIA
DEPARTMENT OF HEALTH

1911

THIS IS TO CERTIFY that the within and foregoing is a true and correct copy of the original as the same appears in the files of the Department of Health of the State of California.

WITNESSED my hand and the seal of the Department of Health at the City of Sacramento, California, this 1st day of January, 1911.

JOHN W. HARRIS, Secretary of the Department of Health.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 8006
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Hannah Stewart (Epps)

2. DATE
OF
DEATH

August 26, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Provident Hospital

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto.

D. STREET ADDRESS (If rural, give location)

1713 W. Lafayette Ave.

5. SEX

Female

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

Nov. 28, 1881

9. AGE (In years
last birthday)

70

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

H. Wife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Va.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Thos. Chatman

14. MOTHER'S MAIDEN NAME

Caroline Taylor

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

none

17. INFORMANT

ADDRESS

Phoebe Collins 1713 W. Lafayette Ave

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A)
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)

Hypertensive Cardiovascular Dis

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-11-1952 to 8-25-1952, that I last saw the
deceased alive on 8-25-1952 and that death occurred at 2:30A. M. from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Aug. 30, 1952

24C. NAME OF CEMETERY OR CREMATORY

Arbutus Mem. Pk., Inc.

24D. LOCATION (City, town, or county)

Arbutus, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Geo. G. Kelson 1303 Presstman St.

VS 150..

1952 202 Geo. G. Kelson

Dr. Woolbridge

Lafayette Ave

D-52 500
8007

CERTIFICATE CORRECTED 9/3/52
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

ES
52 8007
Registered No.

1. NAME OF DECEASED (Type or Print) Melvin Dehn		2. DATE OF DEATH Aug. 27, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto., Md. B. FULL NAME OF HOSPITAL OR INSTITUTION 43 South Baltimore General Hosp.		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD B. COUNTY ELKINS Lane Md. C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 73-02 D. STREET ADDRESS (If rural, give location) 1613 ELKINS Lane	
5. SEX Male 6. COLOR OR RACE White 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH 8/9/35 9. AGE (In years last birthday) 17 If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NEVER EMPLOYED 10B. KIND OF BUSINESS OR INDUSTRY -		11. BIRTHPLACE (State or foreign country) Balto., Md. 12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME Albert Dehn		14. MOTHER'S MAIDEN NAME Johnson, LILLIAN	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO 16. SOCIAL SECURITY NO. -		17. INFORMANT ADDRESS ms. Lillian Dehn, 1613 Elkies Lane	

18. 401.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Heart Failure DUE TO (A) Heart Failure ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Rheumatic Heart Disease DUE TO (B) fever activity OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. II mitral stenosis & insufficiency Pulmonary edema auricular fibrillation Right heart enlargement		INTERVAL BETWEEN ONSET AND DEATH
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19A. DATE OF OPERATION 8		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **Aug. 20, 1952**, to **Aug. 27, 1952**, that I last saw the deceased alive on **Aug. 27, 1952**, and that death occurred at **4:52 a.m.**, from the causes and on the date stated above.

23A. SIGNATURE **E. H. Hays** 23B. ADDRESS **St. Balto. Gen. Hosp. 1213 Light St.** 23C. DATE SIGNED **8-27-52**

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 8/30/52		24C. NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery		24D. LOCATION (City, town, or county) (State) Anne Arundel Co. Md.	
DATE RECEIVED BY LOCAL REGISTRAR AUG 28 1952		REGISTRAR'S SIGNATURE Huntington Williams, MD		25. FUNERAL DIRECTOR Wm. Cook, Inc.		ADDRESS 1212 St. Paul St	

MEDICAL CERTIFICATION

See Document File 52-8007

9/3/52 ES

K-450
52 8008BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 8008
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Andrew Klimm</i>		2. DATE OF DEATH <i>Aug 27, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Johns Hopkins Hospital</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MD</i> B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>			
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>1010 Fullman St</i>			
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>10-22-87</i>	9. AGE (In years last birthday) <i>64</i>	10. Under 1 Year Months Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Ret - meat cutter</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>meat store</i>		11. BIRTHPLACE (State or foreign country) <i>Maryland</i>	
13. FATHER'S NAME <i>George Klimm</i>		14. MOTHER'S MAIDEN NAME <i>Mary Seifert</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>216-10-0198</i>		17. INFORMANT ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	
18. <i>154X I</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Carcinoma of the recto-sigmoid</i>		CAUSE OF DEATH (A) DUE TO (B) DUE TO (C) DUE TO		INTERVAL BETWEEN ONSET AND DEATH <i>8 mos.</i>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE. (A) STATING THE UNDERLYING CONDITION LAST.					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Generalized arteriosclerosis</i>					
19A. DATE OF OPERATION <i>8-27-52</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>8-27-</i> , 19 <i>52</i> , to <i>8-27-</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>8-27-</i> , 19 <i>52</i> , and that death occurred at <i>2:15 P.</i> from the causes and on the date stated above.					
23A. SIGNATURE <i>Robert P. ...</i>		M. D.		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	
23C. DATE SIGNED <i>8/27/52</i>					
24A. FUNERAL, CREMATION, REMOVAL (Specify)		24B. DATE <i>8/30/52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Oak Lawn</i>	
24D. LOCATION (City, town, or county) (State) <i>Eastern Ave. Extended</i>					
DATE RECEIVED BY LOCAL REGISTRAR <i>Huntington Williams, M.D.</i>		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR ADDRESS <i>Wm Cook Inc. 1217 St. Paul St</i>	

AUG 28 1952

195206446A005

CERTIFICATE OF DEATH

DECEASED

CAUSE OF DEATH

SIGNATURE OF DECEASED

DATE

PLACE OF DEATH

NAME OF DECEASED

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) FRANCIS ALOYSIOUS SMITH		2. DATE OF DEATH August 27, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____	
B. FULL NAME OF (If not in hospital or institution, give street address or location) US Public Health Service Hospital Wyman Pk. drive & 31st St.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 2931 N. Charles street 12-02			
5. SEX M 6. COLOR OR RACE W		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH 4/25/97		9. AGE (In years last birthday) 55 If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Auto Salesman		10B. KIND OF BUSINESS OR INDUSTRY Brooks Price	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME C.L. Smith		14. MOTHER'S MAIDEN NAME Anna T. Heim	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) Yes		16. SOCIAL SECURITY NO. 216-09-9426	
17. INFORMANT Records- US PHS Hospital, Balto, Md.		ADDRESS _____	

18. 581.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Gastro-intestinal hemorrhage DUE TO _____		INTERVAL BETWEEN ONSET AND DEATH 2 mos.
ANTECEDENT CAUSES Cirrhosis and esophageal varices DUE TO _____		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION ✓		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **June 28**, 19**52**, to **Aug. 27**, 19**52**, that I last saw the deceased alive on **Aug. 27**, 19**52**, and that death occurred at **5:15 A. m.**, from the causes and on the date stated above.

23A. SIGNATURE J.A. Hunter, Clinical Director	23B. ADDRESS US PHS Hospital, Balto, Md.	23C. DATE SIGNED 8/27/52
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24A. BURIAL, CREMATION, REMOVAL (Specify) burial	24B. DATE 8/29/52	24C. NAME OF CEMETERY OR CREMATORY U. S. National Cemetery	24D. LOCATION (City, town, or county) (State) Baltimore, Maryland
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DATE RECEIVED BY LOCAL REGISTRAR Aug 28 1952	REGISTRAR'S SIGNATURE Huntington W. ...	25. FUNERAL DIRECTOR Wm. Cook, Inc.	ADDRESS 1217 St. Paul Street
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DEPARTMENT OF HEALTH
OFFICE OF DEATH

U.S. DEPARTMENT OF HEALTH
OFFICE OF DEATH

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OFFICE OF DEATH

CERTIFICATE CORRECTED OCT. 2, 1952

ES 52 8010

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Margaret Mac Millan

2. DATE
OF
DEATH

Aug 26, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Csl 13

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

10-02

D. STREET ADDRESS (If rural, give location)

1121 Mc Aleer Ct.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Feb. 7, 1925

9. AGE (In years
last birthday)

77

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

Own home

11. BIRTHPLACE (State or foreign country)

Scotland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Roderick Mac Kenzie

14. MOTHER'S MAIDEN NAME

Mattie Mac Hinson

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 155X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Metastatic Carcinoma
DUE TO

Not Known

ANTECEDENT CAUSES

Carcinoma of gall bladder with ex-

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Extension to the liver and metastasis to
DUE TO the hepatic lymph nodes.II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Hypertensive arteriosclerotic Cardiovascular

20 yrs

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/14, 1952, to 8/26, 1952, that I last saw the
deceased alive on 8/26, 1952, and that death occurred at 1200 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Thomas Williams

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

8/27/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

8/29/52

24C. NAME OF CEMETERY or CREMATORY

Roland Park

24D. LOCATION (City, town, or county)

Baltimore, Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

2881952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

H.M. Cook, Inc. 7121 St. Paul St.

VS 150

MEDICAL CERTIFICATION

See Document File 52-8010 for full autopsy findings.

10/2/52 ES

U-526
52 8011

BALTIMORE CITY HEALTH DEPARTMENT
✓ CERTIFICATE OF DEATH

52 8011

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) PAYTON INGRAM (Peyton C. Ingram)		2. DATE OF DEATH 26 August 52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 16-07	
6. LENGTH OF STAY IN BALTIMORE 3		D. STREET ADDRESS (If rural, give location) 2612 Riggs Ave.	
7. SEX M	8. COLOR OR RACE W	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M	10. DATE OF BIRTH Sept. 29, 1900
11. AGE (In years last birthday) 51		12. AGE (In years last birthday) 51	
13. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		14. KIND OF BUSINESS OR INDUSTRY CARPENTER - Self	
15. BIRTHPLACE (State or foreign country) Virginia		16. CITIZEN OF WHAT COUNTRY?	
17. FATHER'S NAME Peyton C. Ingram		18. MOTHER'S MAIDEN NAME Esther Mothershead	
19. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no		20. SOCIAL SECURITY NO.	
21. INFORMANT Missouri L. Ingram		22. ADDRESS 2612 Riggs Avenue	

18. 420.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH (A) Infarction of the myocardium DUE TO (B) Arteriosclerotic heart disease DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH 12 hr.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE, (A) STATING THE UNDERLYING CONDITION LAST.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **26 Aug**, 19**52** to **Same**, that I last saw the deceased alive on **26 Aug**, 19**52**, and that death occurred at **5:30 Pm.**, from the causes and on the date stated above.

23A. SIGNATURE M. E. Parrelly	23B. ADDRESS Lutheran Hospital	23C. DATE SIGNED 28 Aug 52
M. D.		

24A. BURIAL, CREMATION, REMOVAL (Specify) burial	24B. DATE 8/29/52	24C. NAME OF CEMETERY OR CREMATORY Methodist Church Cemetery	24D. LOCATION (City, town, or county) (State) Whitestone, Virginia
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DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE Huntington Williams, MD.	25. FUNERAL DIRECTOR Wm. Cook Inc.	ADDRESS 1217 St. Paul Street
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AUG 28 1952

195-200008000
51024

MEDICAL CERTIFICATION

100

1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 26

150

W-523
52 8012BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 8012
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

E. W. Winston

2. DATE
OF
DEATH

Aug. 27, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

Md.

B. COUNTY

Baltimore

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Dundalk

5253

D. STREET ADDRESS (If rural, give location)

120 Linden Court

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

3-3-06

9. AGE (In years
last birthday)

46

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Steel worker

10B. KIND OF BUSINESS OR
INDUSTRY

Bethlehem Steel

11. BIRTHPLACE (State or foreign country)

N. C.

12. CITIZEN OF
WHAT COUNTRY?

U. S.

13. FATHER'S NAME

Lewis Winston

14. MOTHER'S MAIDEN NAME

Meada Winston

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.17. INFORMANT
ADDRESS
JOHNS HOPKINS HOSPITAL

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Uremia, azotemia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Hypertensive cardiac vascular renal
disease

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/14, 1952, to 8/27, 1952, that I last saw the
deceased alive on 8/27, 1952, and that death occurred at 8:40 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Edward L. Alexander, Jr.

M. D.

23B. ADDRESS

23C. DATE SIGNED

8/27/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

8-31-52

24C. NAME OF CEMETERY OR CREMATORY

Auburn Mem. Park

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

C. R. LAW 803 Madison Ave.

JG 28 1952

VS 150

69983A

MEDICAL CERTIFICATION

1915

DEATH OF DEATH

1915

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BALTIMORE CITY HEALTH DEPARTMENT

52 8013

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED

(Type or Print)

BABY BOY KIMMEL

2. DATE

OF

DEATH

28 AUG. 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

NEW BORN

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Balto.

D. STREET ADDRESS (If rural, give location)

3521 Nickay Ave 13-06

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

S.

8. DATE OF BIRTH

27 AUG. 1952

9. AGE (In years

last birthday)

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

0 1

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

NEW BORN

10B. KIND OF BUSINESS OR

INDUSTRY

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF

WHAT COUNTRY?

USA

13. FATHER'S NAME

GEORGE WILLIAM LOUIS KIMMEL

14. MOTHER'S MAIDEN NAME

MARGARET VIOLA SCHAEFFER

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

NO.

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

George W. Kimmel 3521 Nickay Ave

18. 762.5

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) ATELECTASIS

DUE TO

1 day.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) PREMATUREITY

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 27 Aug., 1952, to 28 Aug., 1952, that I last saw the deceased alive on 27 Aug., 1952, and that death occurred at 8:00 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Ruth M. Allen

M. D.

Union Memorial Hospital

28 AUG. 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

8/28/52

Lorraine Park

Windsor Hill Rd.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25 FUNERAL DIRECTOR

ADDRESS

UG 28 1952 Huntington Williams, MD

Paul C. Chennault 3615-17 Chestnut Ave

19520000010

MEDICAL CERTIFICATION

8108-22

UNITED STATES GOVERNMENT

1945

100-100000

1. NAME OF THE PERSON OR FIRM		2. ADDRESS	
3. CITY		4. STATE	
5. ZIP CODE		6. PHONE NUMBER	
7. BUSINESS DESCRIPTION		8. DATE OF ESTABLISHMENT	
9. TYPE OF BUSINESS		10. INDUSTRY	
11. EMPLOYMENT		12. SALES	
13. REVENUE		14. PROFIT	
15. ASSETS		16. LIABILITIES	
17. NET WORTH		18. CREDIT RATING	
19. PAYMENT HISTORY		20. OTHER INFORMATION	

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 8014

Registered No.

BIRTH NO. <u>4-52-18014</u>		1. NAME OF DECEASED (Type or Print) <u>Lillian Ferris Hennessey</u> AKA		2. DATE OF DEATH <u>Aug. 26, 1952</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <u>Md</u> B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>JOHNS HOPKINS HOSPITAL</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore 8-03</u>			
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <u>2508 E. Hoffman St.</u>			
5. SEX <u>female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>10-10-84</u>	9. AGE (in years last birthday) <u>67</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>factory worker</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>LOGGING LINER.</u>		11. BIRTHPLACE (State or foreign country) <u>Md</u>	
13. FATHER'S NAME <u>Thomas Personnette</u>		14. MOTHER'S MAIDEN NAME <u>Margaret Holiday</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>NO</u>		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <u>JOHNS HOPKINS HOSPITAL</u>	

18. <u>420.0 I</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Anteroseclerotic Heart Disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>15 yrs</u>
DUE TO (A)		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C)		15 yrs
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <u>Chronic Urinary tract Disease</u> <u>Dysentery</u>		

19A. DATE OF OPERATION <u>7</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <u>1</u>	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>8/12</u> 19 <u>52</u> , to <u>8/26</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>8/26</u> , 19 <u>52</u> , and that death occurred at <u>930</u> m., from the causes and on the date stated above.					
23A. SIGNATURE <u>Thomas P. Hennessey</u>		23B. ADDRESS <u>JOHNS HOPKINS HOSPITAL</u>		23C. DATE SIGNED <u>8/26/52</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24B. DATE <u>AUG 29-1951</u>		24C. NAME OF CEMETERY OR CREMATORY <u>DARKWOOD</u>	
24D. LOCATION (City, town, or county) (State) <u>DARKVILLE MD</u>		24E. DATE RECEIVED BY LOCAL REGISTRAR <u>6-28-1952</u>		24F. REGISTRAR'S SIGNATURE <u>Huntington Williams, M.D.</u>	
25. FUNERAL DIRECTOR <u>ULLRICH FUNERAL HOME</u>		ADDRESS <u>200f ORLEANS ST</u>			

6804X

1962 22

MINISTRE DU MARIAGE
CERTIFICATE OF MARRIAGE

1962

1962

1962

1962

1962

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1962

1962

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 8015**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HENRY LEWIS

2. DATE
OF
DEATH

August 26, 1952

3. PLACE OF DEATH:

A. **Baltimore City, Maryland**

B. FULL NAME OF (If not in hospital or institution, give street address or location)

South Baltimore General Hosp.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE **Maryland**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

O. STREET ADDRESS (If rural, give location)

935 S. Hanover Street 23-01

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Aug 31, 1932 19

9. AGE (In years last birthday) Months: Days If Under 1 Year If Under 24 Hours

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTH PLACE (State or foreign country)

ba

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Ernest Lewis

14. MOTHER'S MAIDEN NAME

Bernice Boone

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT, ADDRESS
Bernice Boone 935 S Hanover St

18. **E929.8 I**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Asphyxia**

DUO TO **drowning**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUO TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

harbor

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

Near PepsiCola Pier 22-1

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

August 26, 1952 5:45 P. m.

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Found drowned

22. I certify that I took charge of the remains described above, held an **inspection & inquiry** thereon and from **Autopsy, Inspection or Inquiry** the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, **accident** ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William H. Brown

23B. CHIEF MEDICAL EXAMINER.....

ASSISTANT MEDICAL EXAMINER.....

23C. DATE SIGNED

August 27, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Removal

Aug 29.52

Richmond ba

1088 Montgomery St

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

AUG 28 1952

Huntington Williams, MD

Isaac L Brown Son

VS 151

N 990X

1952

1088 Montgomery St

MEDICAL CERTIFICATION

7108

S

STATE OF TEXAS
COUNTY OF DALLAS

2108

S

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 8016

52 8016

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

3 (a) FULL NAME

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex

5. Color or race

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years Months Days If less than one day

9. Birthplace

(Town, county, and state)

10. Usual Occupation

11. Industry or business

12. Name

13. Birthplace

14. Maiden Name

15. Birthplace

16 (a) Informant

(b) Address

(a) (b) Date thereof

(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory

Location UNIVERSITY MEDICAL SCHOOL AUG 18 1952

18 (a) Funeral director

(b) Address

19 (a) AUG 28 1952

(Date rec'd by registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State

(b) County

(c) City or town

(If outside city or town limits, write RURAL and give town)

(d) Street No.

(If rural give location)

(e) Citizen of foreign country?

(Yes or No)

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH

19 52-8-40A

21. I certify that death occurred on the date above stated; that I attended deceased from 6/9/19 52 8/7/19 52 and that I last saw him alive on 8/7/19 52

Immediate cause of death

Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?

(Specify type of place)

(e) Means of injury

23. Signature

Address

Date signed

INSTRUCTIONS FOR MEDICAL CERTIFICATION

WHAT IS A "CAUSE OF DEATH"?

For the death certificate, a cause-of-death statement should involve only those disease entities which have contributed to the death. Symptoms or findings are not wanted except as they are needed in determining the underlying cause of death.

DEFINITION OF IMMEDIATE CAUSE OF DEATH:

The last of a series of disease entities which contribute to a death will be known as the immediate cause of death. When there is only one disease entity present, this becomes the immediate cause of death.

DEFINITION OF UNDERLYING CAUSE OF DEATH:

The disease entity which initiates the series of disease entities resulting in death will be known as the underlying cause of death. When there is only one disease entity present, the underlying cause of death and the immediate cause of death are considered to be identical. The underlying cause of death should be written in the space following the words *due to* and should be stated in reverse order of occurrence from the immediate cause of death.

If there is more than one cause contributing to the death, the physician is expected to underline that particular ONE

cause to which, in his opinion, the death should be charged for purpose of statistical tabulation.

DEFINITION OF OTHER CONDITIONS:

Other conditions, existing coincidentally, which might have contributed to the risk of dying, but are not related to any clear-cut manner to the immediate or underlying cause of death, should be given under this item. Pregnancy within 3 months of death should be included because so many times causes of maternal death are missed unless this information is noted.

If operation or autopsy findings exist, the physician is requested to list the major conditions which have weight in deciding the underlying cause to which the death should be charged statistically.

For additional discussion of this subject see PHYSICIANS' HAND-BOOK ON BIRTH AND DEATH REGISTRATION issued by the U. S. Bureau of the Census. A copy of this booklet may be secured from the Baltimore City Health Department.

CERTIFICATE CORRECTED

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52 8017
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

THOMAS E. GIBBS

2. DATE
OF
DEATH

August 27, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

University Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

Fayette Hotel, 414 W. Fayette St.

length of stay in Baltimore

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

separated Divorced

8. DATE OF BIRTH

Aug. 25, 1881

9. AGE (In years last birthday)

71

10. UNDER 1 Year 11. UNDER 24 Hours

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Pharmacist

10B. KIND OF BUSINESS OR INDUSTRY

Drug Store

11. BIRTHPLACE (State or foreign country)

Scotland

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Robert S. Gibbs

14. MOTHER'S MAIDEN NAME

Helen Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Robert S. Gibbs & Chas. G. Gibbs

18. 422.1

CAUSE OF DEATH

2112 Beechwood Rd., Hyattsville, Md.

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

R. H. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

August 28, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

8/29/52

24C. NAME OF CEMETERY OR CREMATORY

Stenwood Cem

24D. LOCATION (City, town, or county)

Washington D.C.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

S. H. Hines Co., Wash. D.C.

ADDRESS

400

52 8018

BALTIMORE CITY HEALTH DEPARTMENT

52 8018

CERTIFICATE OF DEATH

Registered No.

BIRTH NO. 52-09208

1. NAME OF DECEASED
(Type or Print)

William Joseph Hill

2. DATE
OF
DEATH

8/28/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF

HOSPITAL OR
INSTITUTION

(If not in hospital or institution, give street address or location)

Mercy Hospital

C. Length of stay in Baltimore

4 Yrs.
Mos.
Days

5. SEX

M.

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

13. FATHER'S NAME

Orben W. Hill

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

8. DATE OF BIRTH

Apr. 23, 1952

9. AGE (in years
last birthday)If Under 1 Year
Months Days Hours Min.12. CITIZEN OF
WHAT COUNTRY?

11. BIRTHPLACE (State or foreign country)

Md.

14. MOTHER'S MAIDEN NAME

Eloise Mc. Connell

17. INFORMANT

ADDRESS

Mr Orben Hill

104 E. Madison Street

18.

493X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

Pneumonia

Cardiac Resp. failure

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 8/28/1952, to 3⁴⁵ 8/28, 1952, that I last saw the
deceased alive on 8/28, 1952, and that death occurred at 3⁴⁵ Am., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

8/30/52

Mills Hill

Coeburn, Va.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Huntington Williams, MD

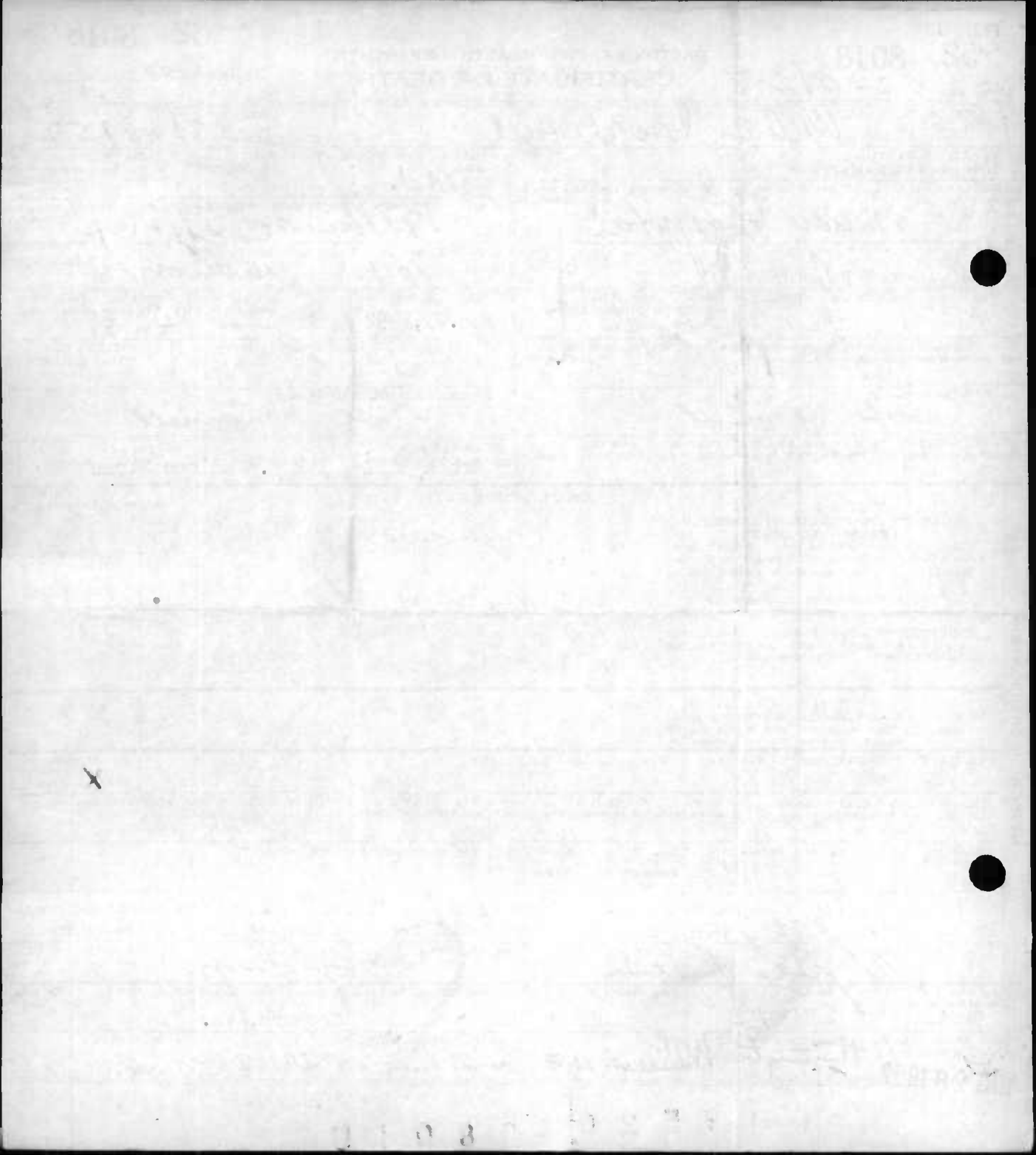
H. H. Measor & Son - 805 N. Calvert St

AUG 28 1952

VS 150

19520008015

MEDICAL CERTIFICATION



655
52 8019BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 8019
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CLARA A. MERRYMAN

2. DATE
OF
DEATH

Aug. 27, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

1806 N. Dallas Street

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

1806 N. Dallas Street

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Apr. 21, 1897

9. AGE (In years
last birthday)

55

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housework

10B. KIND OF BUSINESS OR
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Baltimore Co. Md.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Edward T. Knott

14. MOTHER'S MAIDEN NAME

Clara Beares

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.17. INFORMANT 116 Sanford Avenue-28
Mr. John J. Fielding

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHI
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Dissecting aneurysm, thoracic aorta 2 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Hypertensive arteriosclerotic
cardio-vascular disease 7 years

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 15 January, 1951, to 27 August, 1952, that I last saw the
deceased alive on 27 August, 1952, and that death occurred at 9 A. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

burial

8/30/52

Loudon Park Cemetery Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Huntington Williams, M.D.

HENRY SANDER & SONS, INC.

BALTO., 13, MD.

AUG 28 1952

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 8020
Registered No.

52 8020
BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ARTHUR COOPER

2. DATE
OF
DEATH

August 27, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF _____ if not in hospital or institution, give street address or location)

Provident Hospital

Yrs.
Mos.
Days

Length of stay in Baltimore

5. SEX

male

6. COLOR OR RACE

colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Oct 30 1889

9. AGE (in years last birthday)

62

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

former

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Leedsburg Va.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

John Cooper

14. MOTHER'S MAIDEN NAME

Artelle?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service)

Yes World War #1

16. SOCIAL SECURITY NO.

17. INFORMANT

Hilda Cooper 1321 Argyle Ave

ADDRESS

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral hemorrhage

DUE TO hypertensive cardiovascular disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. F. Fisher

23B. CHIEF MEDICAL EXAMINER.....☒ ASSISTANT MEDICAL EXAMINER.....☐ M.D. MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED August 28, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Aug 31/52

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Stevensville Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, MD.

25. FUNERAL DIRECTOR

ADDRESS

Mrs. Robert A. Elliott's Daughter

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UNITED STATES POSTAL SERVICE

UNITED STATES POSTAL SERVICE

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462
52 8021BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 8021

Registered No. _____

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
EDWARD CLARK		Aug 26 1952	
3. PLACE OF DEATH:			
A. Baltimore City, Maryland <u>BALTIMORE CITY</u>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>HOME 2316</u>			
C. Length of stay in Baltimore <u>LIFE</u>			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH
MALE	WHITE	MARRIED	March 11 1885
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)
		TRUCKING-SELF	BALTIMORE MD.
13. FATHER'S NAME		12. CITIZEN OF WHAT COUNTRY?	
ROBERT CLARK		U.S.A	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT
NO		217-03-0312	CATHERINE CLARK
18. 422.1		ADDRESS 2316	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH	
Arteriosclerotic cardiovascular Disease.		2 yrs.	
ANTECEDENT CAUSES		INTERVAL BETWEEN ONSET AND DEATH	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			
II			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
0			
20. AUTOPSY?			
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED	
		WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Aug. 25, 1952 to Aug. 26, 1952 that I last saw the deceased alive on Aug. 26 1952 and that death occurred at 7:25 A.M. from the causes and on the date stated above.			
23A. SIGNATURE		23B. ADDRESS	
Dorinda W. LeDoux		3023 Eastern Ave.	
23C. DATE SIGNED			
8/27/52			
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE	
BURIAL		Aug 29 1952	
24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State)	
SACRED HEART		TRAPPE ROAD MD	
DATE RECEIVED BY LOCAL REGISTRAR		25. FUNERAL DIRECTOR	
AUG 28 1952		WENDELL J DIPPEL	
VS 150		312 ADDRESS	
		HUNTINGTON WILLIAMS, M.D. 312 HIGHLAND AVE	

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED
DATE 8/20/92 BY 6032 JAC/STW/AVL

8/20/92 6032 JAC/STW/AVL

Aug. 29 1992

Aug. 29 1992

52 8022

AB-161980

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 8022

Registered No.

BIRTH NO. 52-18814

1. NAME OF DECEASED
(Type or Print)

Baby Boy Edmonds

2. DATE
OF
DEATH

8-12-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTEBaltimore City Hospitals
4940 Eastern Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

1508 W. Lexington St.

5. SEX

M

6. COLOR OR RACE

N

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Aug. 12-1952

9. AGE (In years
last birthday)If Under 1 Year
Months Days
If Under 24 Hours
Hours Min.

2

5

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

George Edmonds

14. MOTHER'S MAIDEN NAME

Anna Carter

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
Baltimore City Hospitals
Records: 4940 Eastern Ave.

18. 776x I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, ashenia, etc. It means the disease,
injury or complication which caused death.)

(A) Prematurity

DUE TO

life

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-12-1952, to 8-12-1952, that I last saw the
deceased alive on 8-12-1952, and that death occurred at 1 P.m., from the causes and on the date stated above.

23A. SIGNATURE

J. J. Hogan

M. D.

23B. ADDRESS

4940 Eastern Ave., Baltimore, Md.

23C. DATE SIGNED

8-26-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Cremation

24B. DATE

8-22-52

24C. NAME OF CEMETERY OR CREMATORY

B. C. H. Crematory

24D. LOCATION (City, town, or county)

4940 Eastern Ave. Balto. 24, Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

AUG 29 1952

VS 150

19520208010

MEDICAL CERTIFICATION

52 8023

52 8023

AB-162012

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO. 52-18535

1. NAME OF DECEASED
(Type or Print)

Baby Boy Hatten

2. DATE
OF
DEATH

August 18-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTEBaltimore City Hospitals
4940 Eastern Ave.4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1741 Ashland Ave. zone 5

c. Length of stay in Baltimore

Life

5. SEX

M

6. COLOR OR RACE

N

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

August 13- 1952

9. AGE (In years
last birthday)10. Under 1 Year
Months: Days: Hours: Min.

6

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Alexander Hatten

14. MOTHER'S MAIDEN NAME

Emma Rich

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
Baltimore City Hospitals
Records: 4940 Eastern Ave.

18. 776x

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Prematurity

DUE TO

life

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-13-1952, to 8-18-1952, that I last saw the
deceased alive on 8-18-1952, and that death occurred at 5PM, from the causes and on the date stated above.

23A. SIGNATURE

C.D. Prosen

23B. ADDRESS

4940 Eastern Ave., Baltimore, Md.

23C. DATE SIGNED

8-26-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Cremation

24B. DATE

8-20-52

24C. NAME OF CEMETERY OR CREMATORY

B.C. H. Crematory

24D. LOCATION (City, town, or county)

4940 Eastern Ave. Balto, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, MD

25. FUNERAL DIRECTOR

ADDRESS

AUG 29 1952

VS 150

19520008020

MEDICAL CERTIFICATION

CONFIDENTIAL

CONFIDENTIAL

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52 8024

AB-162019

BALTIMORE CITY HEALTH DEPARTMENT

52 8024

CERTIFICATE OF DEATH

Registered No.

BIRTH NO. 52-185-33

1. NAME OF DECEASED
(Type or Print)

Baby Boy Sutton

2. DATE
OF
DEATH

August 18-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

Baltimore City Hospitals

4940 Eastern Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

21-01

D. STREET ADDRESS (If rural, give location)

712 West Barre St.

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

N

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

B. DATE OF BIRTH

August 13-1952

9. AGE (in years
last birthday)If Under 1
MonthsYear
DaysIf Under 24 Hours
Hours: Min.

4

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John Cook

14. MOTHER'S MAIDEN NAME

Mildred Sutton

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT
Baltimore City Hospitals
Records: 4940 Eastern Ave.

18. 760.5 I CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Prematurity

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

life

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Questionable Intracranial Hemorrhage

DUE TO

life

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORKNOT WHILE
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-13-1952, to 8-18-1952, that I last saw the
deceased alive on 8-18-1952, and that death occurred at 6 AM m., from the causes and on the date stated above.

23A. SIGNATURE

G. B. Drogen

23B. ADDRESS

4940 Eastern Ave., Baltimore, Md.

23C. DATE SIGNED

8-26-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

Cremation

8-20-52

24C. NAME OF CEMETERY OR CREMATORY

B. City Hospitals Crematory 4940 Eastern Ave. Balto.

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS Md.

AUG 29 1952

Huntington Williams, MD

1000-1-1000

1000-1-1000

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1000-1-1000

155
52 8025BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 8025

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

BENJAMIN HOFFMAN

2. DATE
OF
DEATH

8-28-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

3308 Sumter Ave

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

Md

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 27-16

D. STREET ADDRESS (If rural, give location)

3308 Sumter Ave

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

B. DATE OF BIRTH

54

9. AGE (in years
last birthday)

54

H Under 1 Year
Months DaysH Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

retired

10B. KIND OF BUSINESS OR
INDUSTRY

Gen. Mdse

11. BIRTHPLACE (State or foreign country)

Baltimore Md

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

George

14. MOTHER'S MAIDEN NAME

Anna

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

Yes I war I

16. SOCIAL
SECURITY NO.

212-18-0336

17. INFORMANT

Isabel Hoffman

ADDRESS

same

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) acute athero myocardial
infection
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Recurrent coronary artery
thrombosis
DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

48 hrs.

13 yrs.

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1939, 19, to 8-28, 1952, that I last saw the
deceased alive on 8/27/52, 19, and that death occurred at 3A m., from the causes and on the date stated above.

23A. SIGNATURE

Huntington Williams, M.D.

23B. ADDRESS

2320 Eutaw St

23C. DATE SIGNED

9/2/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

8-31-52

24C. NAME OF CEMETERY OR CREMATORY

Grave Israel

24D. LOCATION (City, town, or county) (State)

Balto, Md

DATE RECEIVED BY
LOCAL REGISTRAR

AUG 29 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Jesse Lewis, Inc 2100 Eutaw St

VS 150

1 4 5 7 0 0 8 0 2 2

MEDICAL CERTIFICATION

to Kwik
2020 Eutaw Rd
La 5737

146

52 8026

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 8026

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

William H. Kappler

2. DATE
OF DEATH

Aug-28-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence

A. STATE

B. COUNTY

before admission)

5. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 7-02

D. STREET ADDRESS (If rural, give location)

541 W. Luzerne Ave

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Sadie Kappler, 541 W. Luzerne Ave.

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK22. I hereby certify that I attended the deceased from 8/22, 1952 to 8/28, 1952 that I last saw the
deceased alive on 8/28, 1952, and that death occurred at 12 P. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

291952

Huntington Williams

4101 Edmondson Ave

VS 150

76293

MEDICAL CERTIFICATION

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

[Faint, mostly illegible text and markings, possibly including a signature and date, are visible across the page.]

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CARRIE B.J. Koon

2. DATE
OF
DEATH

August 27, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Balto. City

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Johns Hopkins Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

624 N. Eden Street

Length of stay in Baltimore

25 Yrs.

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

colored

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Sept.-17-1909

9. AGE (In years

last birthday)

42

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

At Home

11. BIRTHPLACE (State or foreign country)

Denwitty Co. Va.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John Jones

14. MOTHER'S MAIDEN NAME

Ellen Boyseau

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Benjamin Koon 624 N. Eden St

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.)

(A) Hypertensive cardiovascular disease

DUE TO

ANTECEDENT CAUSES

(B) Cardiac decompensation

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....
M.D. ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

August 27, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Aug. 30.52

24C. NAME OF CEMETERY OR CREMATORY

Mt Calvary Cem.

24D. LOCATION (City, town, or county)

Brooklyn Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

AUG 29 1952

VS 151

19520008024

CERTIFICATE OF DEATH

1. Name of deceased: _____
2. Sex: _____
3. Age: _____
4. Date of birth: _____
5. Place of birth: _____
6. Date of death: _____
7. Place of death: _____
8. Cause of death: _____
9. Signature of physician: _____
10. Signature of registrar: _____
11. Date of registration: _____

* Mother states correct birthdate 4/1/29

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52 8028 Registered No.

BIRTH NO. 52 8028 NICODEMUS ERSSELL DOZIER--ALIAS

1. NAME OF DECEASED (Type or Print) NICODEMUS WILLIAM WHITFIELD		2. DATE OF DEATH August 27, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Virginia B. COUNTY V-43	
B. FULL NAME OF (If not in hospital or institution, give street address or location) US Public Health Service Hospital Wyman Pk. Drive & 31st Street		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Norfolk	
C. Length of stay in Baltimore ? Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1421 Charles street	
5. SEX M	6. COLOR OR RACE ool	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH * 4/5/26
9. AGE (In years last birthday) 26		10. CITIZEN OF WHAT COUNTRY? USA	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cook		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Virginia		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME William Whitfield		14. MOTHER'S MAIDEN NAME Artie Butts	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) Yes WW2- USMC		16. SOCIAL SECURITY NO. 230-22-3616	
17. INFORMANT Records- US PHS Hospital, Balto, Md.		ADDRESS	

18. 162x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Bronchogenic carcinoma with widespread metastases		INTERVAL BETWEEN ONSET AND DEATH 6 wks.
CAUSE OF DEATH (A) DUE TO		
ANTECEDENT CAUSES (B) DUE TO		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from Aug. 17, 1952 to Aug. 27, 1952 that I last saw the deceased alive on Aug. 27, 1952 , and that death occurred at 7:30 A.M. , from the causes and on the date stated above.				
23A. SIGNATURE Jeroy K. Mills, SA Surgeon		23B. ADDRESS US PHS Hospital, Balto, Md.		23C. DATE SIGNED 8/28/52

24A. BURIAL, CREMATION, REMOVAL (Specify) Shipped	24B. DATE 8/29/1952	24C. NAME OF CEMETERY OR CREMATORY Norfolk	24D. LOCATION (City, town, or county) (State) Norfolk Va.
DATE RECEIVED BY LOCAL REGISTRAR UG 29 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Mrs. Katie R. Williams	
ADDRESS 322 N. Schenck St.			

MEDICAL CERTIFICATION

-4100

52 8029

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 8029

Registered No.

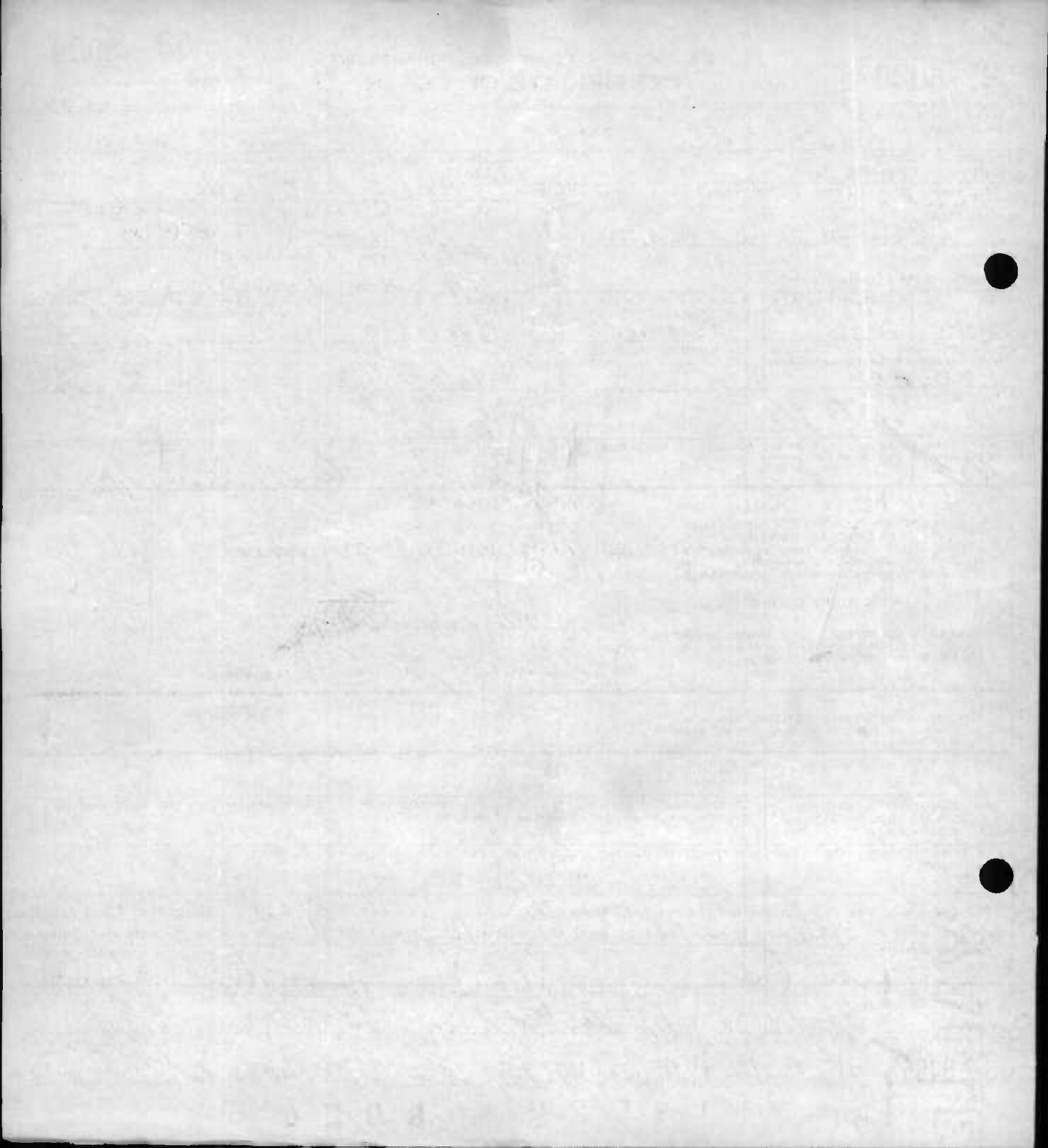
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Ernest Cole</i>			2. DATE OF DEATH <i>8/26/52</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md.</i> B. COUNTY <i>Balto.</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Franklin Square Hospital</i>			C. CITY OR TOWN <i>Baltimore</i>		
D. STREET ADDRESS (If rural, give location) <i>1114 Sarah Ann St.</i>			E. CITY OR TOWN <i>Baltimore</i>		
F. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days			G. DATE OF BIRTH <i>11/2/1890</i>		
5. SEX <i>male</i>	6. COLOR OR RACE <i>Negro</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>MARRIED</i>	8. AGE (In years last birthday) <i>61</i>		9. AGE (In years last birthday) <i>61</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Laboer</i>			10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Balto. Md.</i>
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>			13. FATHER'S NAME <i>Charles Cole</i>		
14. MOTHER'S MAIDEN NAME <i>Harriett</i>			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>		
16. SOCIAL SECURITY NO.			17. INFORMANT <i>Charabelle Cole</i>		
18. <i>420.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) <i>Myocardial infarction</i> DUE TO (B) <i>Coronary thrombosis</i> DUE TO (C) <i>Generalized Arteriosclerosis</i> INTERVAL BETWEEN ONSET AND DEATH <i>18 day</i> <i>30 day</i>			19. DATE OF OPERATION <i>0</i>		
20. MAJOR FINDINGS OF OPERATION			21. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
22. I hereby certify that I attended the deceased from <i>7/30</i> , 1952, to <i>8/26</i> , 1952, that I last saw the deceased alive on <i>8/26</i> , 1952, and that death occurred at <i>12:30 A.M.</i> , from the causes and on the date stated above.			23. SIGNATURE <i>R. S. Chambers</i>		
24. SIGNATURE <i>R. S. Chambers</i>			25. ADDRESS <i>Franklin Square Hosp.</i>		
26. DATE <i>8/30/1952</i>			27. NAME OF CEMETERY OR CREMATORY <i>W. T. Carr Cem.</i>		
28. LOCATION (City, town, or county) <i>Balto.</i>			29. STATE <i>Md.</i>		
30. DATE RECEIVED BY LOCAL REGISTRAR <i>AUG 29 1952</i>			31. REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		
32. FUNERAL DIRECTOR <i>W. H. Williams</i>			33. ADDRESS <i>922</i>		

VS 150

1952 870998 026

MEDICAL CERTIFICATION



52 8030

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 8030
Registered No.

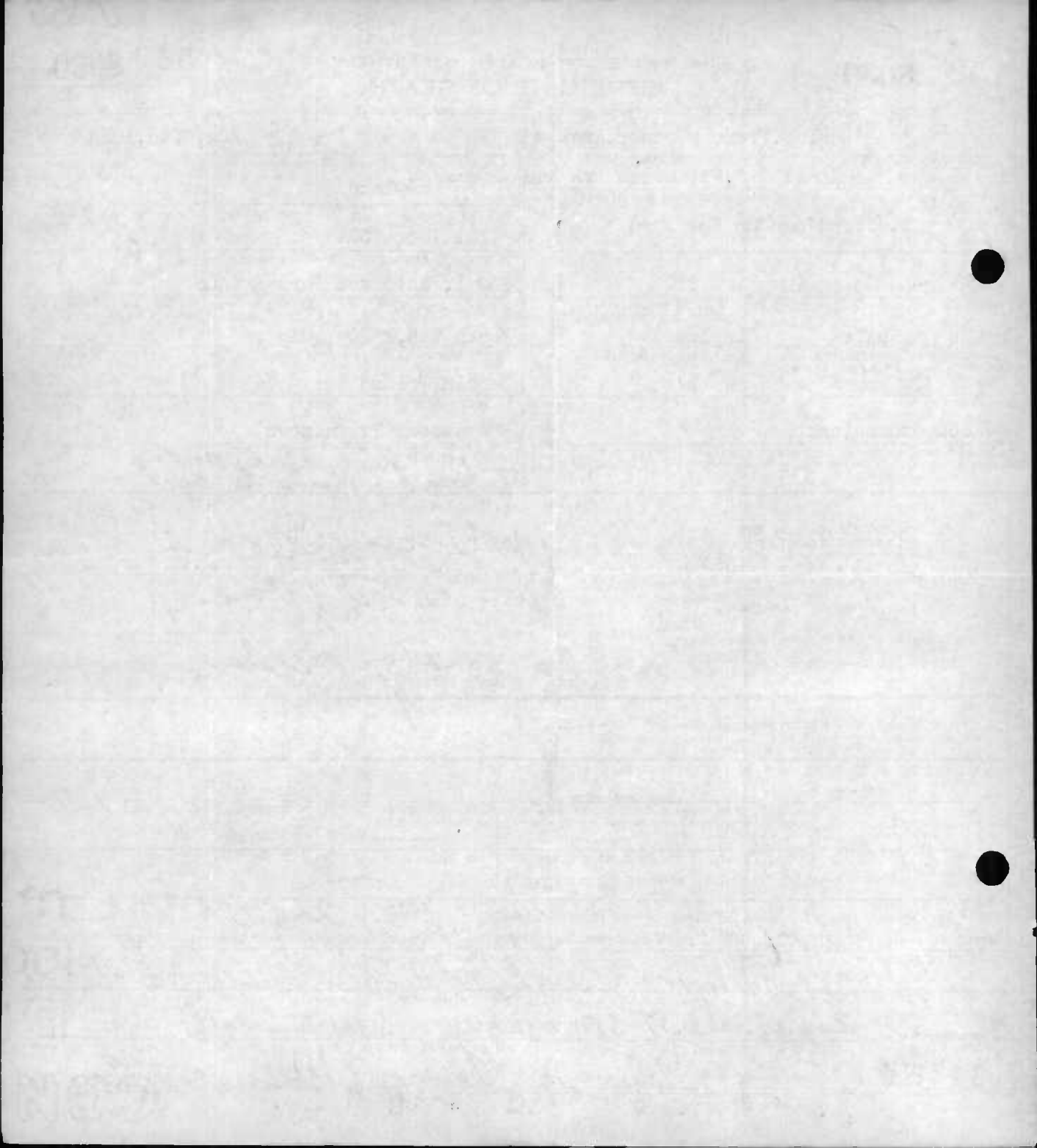
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Miss. Frances Szczecinski			2. DATE OF DEATH Aug, 27th, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland 130 S. Patterson Prk Ave			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland		
B. FULL NAME OF (If not in hospital or institution, give street address or location) St. Joseph's Home for Aged			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 31		
D. STREET ADDRESS (If rural, give location) 130 S. Patterson Park Avenue			E. AGE (In years last birthday) 81		
F. LENGTH OF STAY IN BALTIMORE ??			G. DATE OF BIRTH March 9th, 1870		
H. SEX Female			I. COLOR OR RACE White		
J. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single			K. AGE (In years last birthday) 81		
L. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ??			M. BIRTHPLACE (State or foreign country) Barmin Poland		
N. KIND OF BUSINESS OR INDUSTRY ??			O. CITIZEN OF WHAT COUNTRY? ??		
P. FATHER'S NAME Jacob Szczecinski			Q. MOTHER'S MAIDEN NAME Maryanna ?? Unknown		
R. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) ??			S. SOCIAL SECURITY NO. ??		
T. INFORMANT 130 S. Patterson Prk Ave			U. ADDRESS St. Joseph's Home for Aged		

18. 420.1		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Hypertension of Cardiac		2 days	
DUE TO		Arterial		Arterial	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) Arterial			
DUE TO		Arterial			
DUE TO		Arterial			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Aug 1, 1952 , to Aug 27, 1952 , that I last saw the deceased alive on Aug 26, 1952 , and that death occurred at 7:50 a.m. , from the causes and on the date stated above.					
23A. SIGNATURE H. Fred Ruzicka		23B. ADDRESS 1300 S. Patterson Prk Ave		23C. DATE SIGNED 8-27-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Aug 30-1952		24C. NAME OF CEMETERY OR CREMATORIUM ST. STANISLAUS	
24D. LOCATION (City, town, or county) Baltimore		24E. LOCATION (City, town, or county) 1300 S. Patterson Prk Ave		24F. LOCATION (City, town, or county) 1300 S. Patterson Prk Ave	
DATE RECEIVED BY LOCAL REGISTRAR AUG 29 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR George R. Weber	
ADDRESS 705 S. Pine St		ADDRESS 705 S. Pine St		ADDRESS 705 S. Pine St	

MEDICAL CERTIFICATION



220

52 8031

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 8031
Registered No.

1. NAME OF DECEASED (Type or Print) PEARL SACHS		2. DATE OF DEATH AUGUST 28, 1952	
3. PLACE OF DEATH: a. Baltimore City, Maryland LUTHERAN HOSP		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MARYLAND b. COUNTY BALT.	
b. FULL NAME OF (If not in hospital or institution, give street address or location) LUTHERAN HOSP. OF MD.		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 27-44	
c. Length of stay in Baltimore		d. STREET ADDRESS (If rural, give location) 5815 SEFTON AVE #14	
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH MARCH 23, 1884
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 68
13. FATHER'S NAME William F. Auld		11. BIRTHPLACE (State or foreign country) MARYLAND	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO		12. CITIZEN OF WHAT COUNTRY? USA	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Martha Auld	
17. INFORMANT Mrs. Gladys Sachs - Sister		ADDRESS 5815 Sefton Ave	
18. E902.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Myocardial Infarction		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Decubitus Ulcers		(A) DUE TO	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Fractured Rt Hip		(B) DUE TO	
19a. DATE OF OPERATION 4/22/52		19b. MAJOR FINDINGS OF OPERATION FRACTURED RT. HIP	
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) ACCIDENT		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) HOME	
21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 5815 SEFTON AVE #14 - BALT.		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21d. TIME (Month) (Day) (Year) (Hour) APRIL 17, 1952 8P.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? FELL from tub IN BATH ROOM		22. I hereby certify that I attended the deceased from 4/20 1952 to Aug. 28 , 1952 that I last saw the deceased alive on Aug 28 , 1952, and that death occurred at 1 P m., from the causes and on the date stated above.	
23a. SIGNATURE William D. Barnett M. D.		23b. ADDRESS Luthum Hosp.	
23c. DATE SIGNED Aug 28/1952		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 9/1/52		24c. NAME OF CEMETERY OR CREMATORY Larkwood	
24d. LOCATION (City, town, or county) (State) Bald Md		25. FUNERAL DIRECTOR L. J. Kuck	
DATE RECEIVED BY LOCAL REGISTRAR AUG 29 1952		REGISTRAR'S SIGNATURE Huntington Williams, MD	
VS 150		ADDRESS 5305 Harford	

N 820.1

1952-0008020

MEDICAL CERTIFICATION

261

52 8032
BIRTH NO. 57-12785BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 8032

1. NAME OF DECEASED (Type or Print) <i>Karen LYNN Mc Garvey</i>		2. DATE OF DEATH <i>Aug. 28 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <i>md.</i> B. COUNTY <i>Baltimore</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>md. General Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i> <i>5300</i>	
D. STREET ADDRESS (If rural, give location) <i>8366 Hillendale Rd.</i>			
5. SEX <i>F.</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>June 3 1951</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>child</i>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <i>14 mos.</i>
13. FATHER'S NAME <i>Albert F Mc Garvey</i>		11. BIRTHPLACE (State or foreign country) <i>Baltimore md.</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or date of service)		12. CITIZEN OF WHAT COUNTRY? <i>American</i>	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME <i>Dolores C. Harrell</i>	
17. INFORMANT <i>Father</i>		ADDRESS <i>same</i>	

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from *Aug. 28*, 19*52*, to *Aug 28*, 19*52*, that I last saw the deceased alive on *Aug 28*, 19*52*, and that death occurred at *10:20* a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

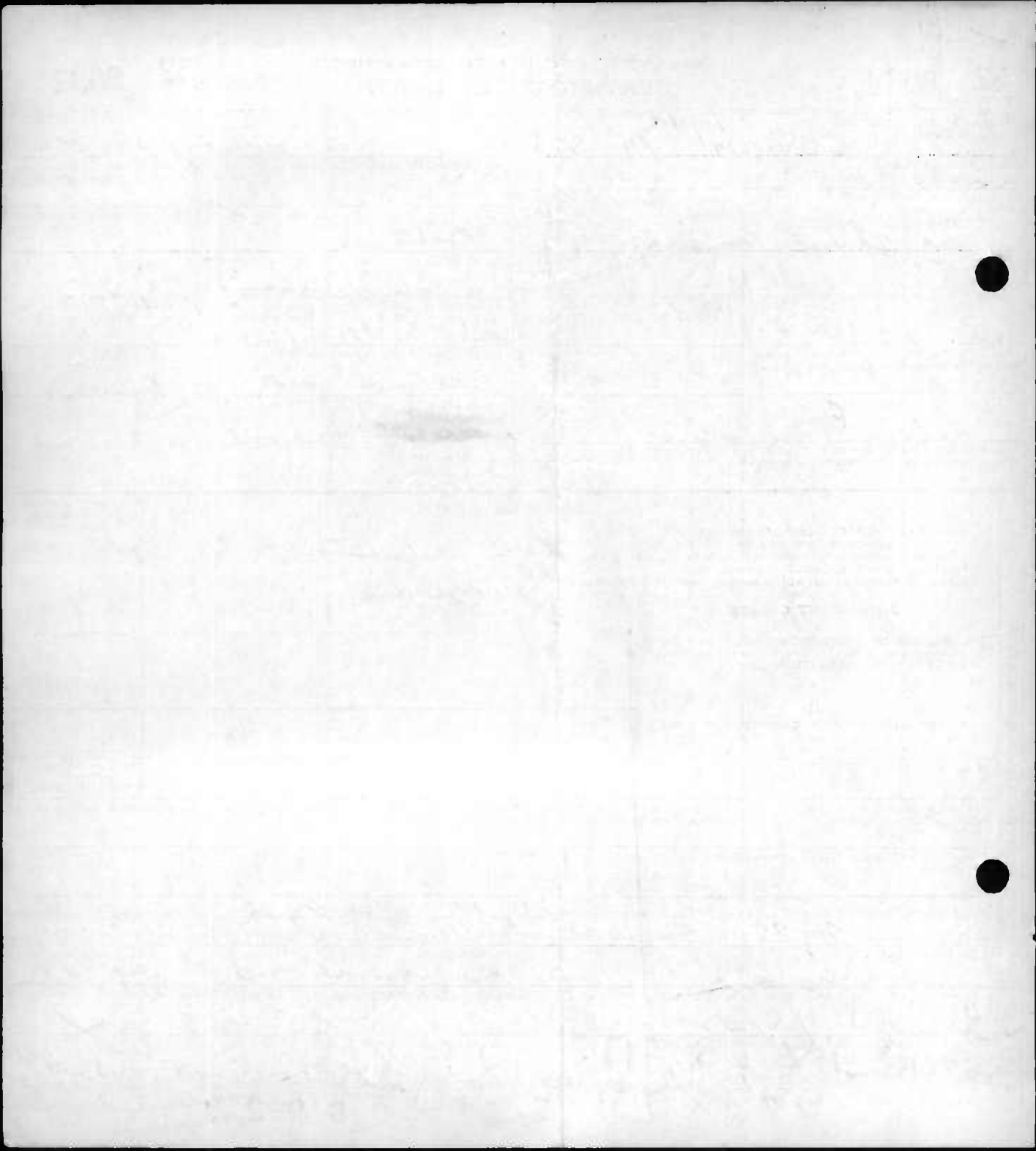
(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

X 52 8033
Registered No. _____

52 8033
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Wiseman, Nellie Verinda</i>			2. DATE OF DEATH <i>8/27/52</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <input checked="" type="checkbox"/>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>		
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>Union Memorial Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 22</i>		
6. Length of stay in Baltimore <i>32 Years</i>			D. STREET ADDRESS (If rural, give location) <i>2489 Fairway 5353</i>		
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>Aug 3, 1880</i>	9. AGE (in years last birthday) <i>72</i>	If Under 1 Year Months: Days Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTH PLACE (State or foreign country) <i>N. Virginia</i>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <i>John Klingluff</i>			14. MOTHER'S MAIDEN NAME <i>Elizabeth Hinton</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>Unknown</i>			16. SOCIAL SECURITY NO. <i>218-03-0786</i>		17. INFORMANT <i>Daughter</i>
			ADDRESS		

18. <i>442X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) <i>hypertensive arteriosclerotic cardiovascular disease</i> (B) <i>Old myocardial infarction</i> (C) <i>nephrosclerosis</i>	INTERVAL BETWEEN ONSET AND DEATH
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19A. DATE OF OPERATION <i>✓</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Aug 21, 1952</i> to <i>Aug 27, 1952</i> , that I last saw the deceased alive on <i>Aug 27, 1952</i> , and that death occurred at <i>8:10 A.M.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>J. D. Hubbard</i>		23B. ADDRESS <i>Union Memorial Hosp.</i>		23C. DATE SIGNED <i>Aug 27, 1952</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>		24B. DATE <i>8-30-52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>OAK LAWN</i>	
		24D. LOCATION (City, town, or county) <i>BALTO. MD.</i>		(State)	
DATE RECEIVED BY LOCAL REGISTRAR <i>Aug 29 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR <i>Walter Burke Bradley, Dundalk, Md.</i>	
		ADDRESS			

FORM 98

UNITED STATES DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY

1917

1917-1918

1917-1918

MARTIN L. PADDEN
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. **52 8034**

52 8034
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Martin L. Padden</i>			2. DATE OF DEATH <i>8/28/52</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>2040 Cecil Ave</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Baltimore</i> B. COUNTY <i>md</i>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i> <i>5th 9-08</i>		
c. Length of stay in Baltimore <i>Life</i>			D. STREET ADDRESS (If rural, give location) <i>2040 Cecil Ave</i>		
5. SEX <i>M.</i>	6. COLOR OR RACE <i>W.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>M.</i>	8. DATE OF BIRTH <i>11/28/1880</i>		9. AGE (In years last birthday) <i>72</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Dept of Coal Miner</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>B & O RR</i>		11. BIRTHPLACE (State or foreign country) <i>Baltimore Md</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>			13. FATHER'S NAME <i>Patrick Padden</i>		
14. MOTHER'S MAIDEN NAME <i>Mary Keller</i>			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		
16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS <i>Mrs. M.L. Padden Same</i>		

18. <i>420.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH (A) <i>Coronary Thrombosis</i> DUE TO	INTERVAL BETWEEN ONSET AND DEATH <i>1 min.</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) <i>- Arterial Hypertension</i> DUE TO	<i>1 min.</i>
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from *7/21*, 19*52* to *8/28*, 19*52*, that I last saw the deceased alive on *8/25*, 19*52*, and that death occurred at *2:55 A.M.*, from the causes and on the date stated above.

23A. SIGNATURE <i>D.B. Williams</i>	23B. ADDRESS <i>1239 Williams St</i>	23C. DATE SIGNED <i>8/28/52</i>
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24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>8/30/52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Catharine</i>	24D. LOCATION (City, town, or county) (State) <i>Red Frederick Rd</i>
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DATE RECEIVED BY LOCAL REGISTRAR <i>AUG 29 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>J. Foley</i>	ADDRESS <i>1218 Light</i>
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1988

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UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR DISEASE CONTROL AND PREVENTION

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H-220
52 8035BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 8035
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Samuel Hawkes			2. DATE OF DEATH Aug. 28, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 1823 W. Mulberry St.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto.		
c. Length of stay in Baltimore ? Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 1823 W. Mulberry St. 20-01		
5. SEX M	6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH Jan 3, 1896	9. AGE (In years last birthday) 55	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Va.	
12. CITIZEN OF WHAT COUNTRY? USA			13. FATHER'S NAME Archer Hawkes		
14. MOTHER'S MAIDEN NAME ?			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		
16. SOCIAL SECURITY NO. none			17. INFORMANT ADDRESS Archer Hawkes 1843 W. Mulberry St.		

18. 444X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hypertension CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH 2 years	(A) DUE TO
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Arteriosclerosis (B) DUE TO 2 days	(C) DUE TO
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK AT WORK	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 5, 1950, to Aug. 27, 1952, that I last saw the deceased alive on Aug. 27, 1952, and that death occurred at 5:30 P. m., from the causes and on the date stated above.

23A. SIGNATURE Douglas Shepherd	23B. ADDRESS 604 N. Fulton Ave	23C. DATE SIGNED 8/29/52
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Aug. 31, 1952	24C. NAME OF CEMETERY OR CREMATORY Mt Auburn	24D. LOCATION (City, town, or county) (State) Balto. Md.
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DATE RECEIVED BY AUG 29 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Geo. G. Kelson	ADDRESS 1303 Presstman St.
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8082

8082

CALIFORNIA CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

8082

DATE OF DEATH

DATE OF DEATH

DATE OF DEATH

PLACE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

CAUSE OF DEATH

DATE OF DEATH

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 8036
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Viola Lambert		2. DATE OF DEATH August 27, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 2020 Division St.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto.	
C. Length of stay in Baltimore ?		D. STREET ADDRESS (If rural, give location) 2020 Division St. 14-03	
5. SEX F	6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH 6/30/1887
9. AGE (In years last birthday) 65		If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 11th W		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Va.		12. CITIZEN OF USA	
13. FATHER'S NAME Isam Evans		14. MOTHER'S MAIDEN NAME Thobertha Garner	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT Samuel Lambert		ADDRESS 2020 Division St.	
18. 442x I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) hypertensive cardio-vascular renal disease CAUSE OF DEATH (A) DUE TO (B) DUE TO (C) DUE TO INTERVAL BETWEEN ONSET AND DEATH 4 yrs. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY F	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 8-20-1952 to 8-27-1952 , that I last saw the deceased alive on 8-27-1952 , and that death occurred at 2:05 a. m. , from the causes and on the date stated above.			
23A. SIGNATURE James D. Carr		23B. ADDRESS 1427 Madison Ave.	
23C. DATE SIGNED 8-28-52			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 8/30/52	
24C. NAME OF CEMETERY OR OREMATORY Arbutus		24D. LOCATION (City, town, or county) (State) Arbutus, Md.	
DATE RECEIVED BY LOCAL REGISTRAR Huntington Williams, M.D.		25. FUNERAL DIRECTOR Geo. G. Kelson	
ADDRESS 1303 Presstman St.			

MEDICAL CERTIFICATION

Correct age is especially important in determining cause of death

AUG 29 1952

9520008033

CERTIFICATE OF DEATH

Dr Carr

1400 madison

N-430
52 8037BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 8037
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Edward Nault</i>		2. DATE OF DEATH <i>August 27, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived before admission) A. STATE <i>md.</i> B. COUNTY <i>Baltimore</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 5300</i>	
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <i>6011 Hazelwood Ave.</i>	
5. SEX <i>male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Separated</i>	8. DATE OF BIRTH <i>3-20-01</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Sheer man</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Rustless Iron</i>	9. AGE (In years last birthday) <i>51</i>
13. FATHER'S NAME <i>Ernest Nault</i>		11. BIRTHPLACE (State or foreign country) <i>New Hampshire</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>Yes</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
16. SOCIAL SECURITY NO. <i>212-10-5821</i>		14. MOTHER'S MAIDEN NAME <i>Mrs. Thier nault</i>	
17. INFORMANT ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		18. <i>447X</i>	

18. <i>447X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH (A) <i>Middle Cerebral Hemorrhage Left</i> DUE TO (B) <i>Hypertensive Vascular Disease</i> DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH <i>7 days.</i> <i>?</i>
---	--	---	--

19A. DATE OF OPERATION <i>8-27</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <i>8-20</i> , 1952, to <i>8-27</i> , 1952, that I last saw the deceased alive on <i>8-27</i> , 1952, and that death occurred at <i>10:45 P.m.</i> , from the causes and on the date stated above.				
23A. SIGNATURE <i>Frederick W. Seil</i>		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>8-28-52</i>

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>8/30/52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Parkwood</i>	24D. LOCATION (City, town, or county) (State) <i>Baltimore Md</i>
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	25. FUNERAL DIRECTOR ADDRESS <i>Lazarus Funeral Home 7401 Belair Rd</i>	

AUG 29 1952

690 3B

S-253
52 8038

52 8038

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ANNA SCHMIDT

2. DATE
OF
DEATH

AUG:27-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

63 North Monastery Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

MARYLAND

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE MARYLAND

D. STREET ADDRESS (If rural, give location)

63 North Monastery Ave. 20-07

C. Length of stay in Baltimore

LIFE

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Nov:8:1894

9. AGE (In years
last birthday)

57

If Under 1 Year
Months: Days: Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

At Home

11. BIRTHPLACE (State or foreign country)

Baltimore Maryland

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Jacob Nagel

14. MOTHER'S MAIDEN NAME

Margaretha Blankenheim

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No.

16. SOCIAL
SECURITY NO.
None

17. INFORMANT

ADDRESS

Charles W. Schmidt.....Same

18. 170X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Carcinoma of Breast with
general Metastasis

Feb. 1942

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 1942, to Aug 27, 1952 that I last saw the
deceased alive on Aug 26, 1952, and that death occurred at 6 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Aug:30:1952 Meadow-Ridge Memorial Dorsey Maryland

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

AUG 29 1952

Huntington Williams, M.D.

F. B. Wippert & Son

VS 150

F.B. WIPPERT & SON 1300 EUTAW PL. 17

1952

MEDICAL CERTIFICATION

STATE OF NEW YORK
CERTIFICATE OF DEATH

DECEASED

DATE OF DEATH

PLACE OF DEATH

NAME OF DECEASED

AGE OF DECEASED

SEX OF DECEASED

DATE

CAUSE OF DEATH

PLACE

TIME

NAME OF DECEASED

AGE

SEX

CAUSE OF DEATH

PLACE

TIME

NAME OF DECEASED

AGE

SEX

CAUSE OF DEATH

PLACE OF DEATH

TIME OF DEATH

NAME OF DECEASED

AGE OF DECEASED

SEX OF DECEASED

CAUSE OF DEATH

PLACE OF DEATH

TIME OF DEATH

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 8039

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOHN JACKSON

2. DATE
OF
DEATH

August 27, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Baltimore City Morgue

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1227 Division Street

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

WIDOWER

8. DATE OF BIRTH

3-15-1871

9. AGE (In years
last birthday)

81

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

PENSIONER

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

RANDALL JACKSON

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Alice Hall 2021 Ruff

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Hypertensive cardiovascular disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(B) Cerebrovascular accident

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

M.D.

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

August 27, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

9218

STATE OF OHIO
DEPARTMENT OF REVENUE

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 8040
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) MAJOR WATSON		2. DATE OF DEATH August 26, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
5. FULL NAME OF (If not in hospital or institution, give street address or location) Baltimore City Hospitals		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
6. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) 1521 Aisquith Street	
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH 10-29-1927
9. AGE (In years last birthday) 29		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER	
11. BIRTHPLACE (State or foreign country) N.C.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME MAJOR WATSON		14. MOTHER'S MAIDEN NAME Naomi WATSON	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Naomi WATSON		ADDRESS SCOTLAND NECK, N.C.	

18. **002X**
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
Far advanced pulmonary tuberculosis

ANTECEDENT CAUSES

Pulmonary hemorrhage

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I certify that I took charge of the remains described above, held an **Partial Autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: **natural causes** ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE William W. Lockett		23B. CHIEF MEDICAL EXAMINER..... M.D. ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....		23C. DATE SIGNED Aug. 26, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24B. DATE 8-29-52		24C. NAME OF CEMETERY OR CREMATORY SCOTLAND NECK, N.C.	
24D. LOCATION (City, town, or county) (State) 1304 N. CENTRAL AVE		25. FUNERAL DIRECTOR Joseph S. Lockett			

DATE RECEIVED BY LOCAL REGISTRAR **AUG 29 1952**
REGISTRAR'S SIGNATURE **Huntington Williams, M.D.**
VS 151

MEDICAL CERTIFICATION

IN SENATE,

January 1, 1900.

REPORT

OF THE

COMMISSIONERS OF THE LAND OFFICE

IN RESPONSE TO A RESOLUTION PASSED BY THE SENATE,

APRIL 1, 1899,

RELATIVE TO THE

LANDS BELONGING TO THE STATE.

ALBANY:

THE UNIVERSITY OF THE STATE PRESS,

1900.

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 8041
Registered No. _____

BIRTH NO. 52 8041

1. NAME OF DECEASED (Type or Print) NICHOLAS JOSEPH BRADER, SR.			2. DATE OF DEATH Aug. 26, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland 1626 N. Bradford St.			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md. B. COUNTY _____		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore life Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) 1626 N. Bradford St. 8-02		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH December 11, 1887		9. AGE (in years last birthday) 64
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) carpenter		10B. KIND OF BUSINESS OR INDUSTRY Schenuit Tire Co.	11. BIRTHPLACE (State or foreign country) Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME unknown			14. MOTHER'S MAIDEN NAME unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. 216-07-7880	17. INFORMANT ADDRESS Emma D. Brader, wife, above		

18. 331X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Control from aneurysm (or) hypertension		INTERVAL BETWEEN ONSET AND DEATH 2 hours
DUE TO (A) _____		UNKNOWN
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Hypertension		
DUE TO (B) _____		
(C) _____		UNKNOWN
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 14 Nov 1944 , to 26 Aug 1952 , that I last saw the deceased alive on 26 Aug 1952 , and that death occurred at 9:30 p.m. , from the causes and on the date stated above.					
23A. SIGNATURE <i>[Signature]</i>		23B. ADDRESS 1514 N. Milken Ave		23C. DATE SIGNED 28 Aug 52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Aug. 30, 1952		24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer Cemetery	
				24D. LOCATION (City, town, or county) (State) 4430 Belair Rd. Balto. Md.	

DATE RECEIVED BY LOCAL REGISTRAR Aug 29 1952		REGISTRAR'S SIGNATURE <i>[Signature]</i>		25. FUNERAL DIRECTOR ADDRESS Schimunek Funeral Home, Inc. 2601-3-5 E. Madison St.	
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VS 150

MEDICAL CERTIFICATION

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
OFFICE OF THE REGISTRAR
ALBANY, N. Y.

DEATH CERTIFICATE

NAME OF DECEASED

AGE

SEX

RACE

DATE OF BIRTH

DATE OF DEATH

PLACE OF BIRTH

PLACE OF DEATH

Cause of Death

Signature of Physician

Signature of Registrar

Signature of Coroner

Signature of Medical Examiner

Signature of Nurse

Signature of Undertaker

Signature of Burial Officer

Signature of Cemetery Officer

Signature of Funeral Home

Signature of Mortuary

Signature of Embalmer

Signature of Crematorium

BIRTH NO. 52 8042

1. NAME OF DECEASED (Type or Print)		MAGDALENA GRAF		2. DATE OF DEATH Aug. 28, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland 515 N. Port St.		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY			
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
C. Length of stay in Baltimore 70 yrs.		D. STREET ADDRESS (If rural, give location) 515 N. Port St. 7-02			
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Dec. 28, 1855	9. AGE (In years last birthday) 96	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10B. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (State or foreign country) Germany	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME unknown		14. MOTHER'S MAIDEN NAME unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Mrs. Rose Hebbel, daughter, above	

<p>18. 422.1 and E900.0</p> <p>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH</p> <p>(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)</p>	<p>CAUSE OF DEATH</p>	<p>INTERVAL BETWEEN ONSET AND DEATH</p>
<p>ANTECEDENT CAUSES</p> <p>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.</p>	<p>(A) <u>anemia fibrosis</u></p> <p>DUE TO <u>A.S.C.Y.D.</u></p>	<p>CERTIFICATION APPROVED BY</p> <p>(B) <u>R. Fisher</u> M.D.</p>
	<p>DUE TO</p> <p>(C) _____</p>	<p>CHIEF OR ASST. MEDICAL EXAMINER</p>

11
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT: *Shock due to abrasions & contusions*

19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input checked="" type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? <u>515 N. Park St</u>	
21D. TIME (Month) (Day) (Year) (Hour) INJURY <u>Aug 25, 1952 3 a. m.</u>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? <u>fell down stairway</u>	
22. I hereby certify that I attended the deceased from <u>8/25</u> , 19 <u>52</u> to <u>8/25</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>8/25</u> , 19 <u>52</u> ; and that death occurred at <u>3 A.</u> m., from the causes and on the date stated above.					
23A. SIGNATURE <u>[Signature]</u>		23B. ADDRESS <u>2501 S. ...</u>		23C. DATE SIGNED <u>8/25/52</u>	

24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24B. DATE <u>Aug. 30, 1952</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Trinity Evang. Luth. Cem.</u>	24D. LOCATION (City, town, or county) (State) <u>O'Donnell St. Balto. Md.</u>
DATE RECEIVED BY LOCAL REGISTRAR <u>Aug 30 1952</u>	REGISTRAR'S SIGNATURE <u>W. Williams</u>	25. FUNERAL DIRECTOR <u>Schimmunek Funeral Home, Inc.</u> <u>2601-3-5 E. Madison St.</u>	ADDRESS

AUG 29 1952
 VS 150

N 929.0

9 1 5 2 0 2 0 8 0 7

NATIONAL BUREAU OF HEALTH DEPARTMENT
REPORT OF DEATH

DATE OF DEATH

TIME

PLACE OF DEATH

CAUSE OF DEATH
IMMEDIATE
INTERMEDIATE
UNDERLYING

AGE

SEX

OCCUPATION

EDUCATION

RELIGION

MARRIAGE

CHILDREN

SIBLINGS

ANCESTRY

ETHNICITY

DIAGNOSIS

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED
(Type or Print)

JOSEPH Henry KONRAD, JR.

2. DATE
OF
DEATH

August 28, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Johns Hopkins Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2331 Ashland Avenue

Length of stay in Baltimore

life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

single

8. DATE OF BIRTH

Oct. 14, 1909

9. AGE (In years
last birthday)

42

If Under 1 Year If Under 24 Hours
Months: Days Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Bottle Dept.

10B. KIND OF BUSINESS OR
INDUSTRY

Globe Brewery

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME

Joseph Konrad

14. MOTHER'S MAIDEN NAME

Anne Marie Pich

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

yes

U.S. Navy

16. SOCIAL
SECURITY NO.
215-01-6700

17. INFORMANT

ADDRESS

Josephine Maxa, sister, above

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK AT ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER.....☒
ASSISTANT MEDICAL EXAMINER.....☐
MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

Aug. 28, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Aug. 30, 1952

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cem.

24D. LOCATION (City, town, or county)

4430 Belair Rd. Balto. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Schimunek Funeral Home, Inc.
2601-3-5 E. Madison St.

ADDRESS

2-1-1952

52 8043

WATER RESOURCES DIVISION

1964

1964

1964

1964

1964

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1964

1964

1964

1964

S-365
52 8044

52 8044

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		Harry Strong		Aug. 27, 1952	
3. PLACE OF DEATH:		4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)			
A. Baltimore City, Maryland		A. STATE		B. COUNTY	
Baltimore City		Md			
5. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)		D. STREET ADDRESS (If rural, give location)	
JOHNS HOPKINS HOSPITAL		Baltimore		6-04	
6. Length of stay in Baltimore		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH	
33 Yrs.				7-5-99	
9. SEX		10. AGE (In years last birthday)		11. BIRTHPLACE (State or foreign country)	
male		53		Gumbury N.C.	
12. COLOR OR RACE		13. KIND OF BUSINESS OR INDUSTRY		14. CITIZEN OF WHAT COUNTRY?	
Colored		Bethlehem Steel		U.S.A.	
15. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		16. FATHER'S NAME		17. MOTHER'S MAIDEN NAME	
Skill Laborer		Lee Strong		Emma Williams	
18. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		19. SOCIAL SECURITY NO.		20. INFORMATION ADDRESS	
No				JOHNS HOPKINS HOSPITAL	
21. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		22. CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		Gremia,			
23. ANTECEDENT CAUSES		DUE TO			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) Hypertensive Cardis vascul renal discen			
24. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		DUE TO			
		(C)			
25. DATE OF OPERATION		26. MAJOR FINDINGS OF OPERATION		27. AUTOPSY?	
2				YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
28. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		29. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		30. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
31. TIME (Month) (Day) (Year) (Hour) OF INJURY		32. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		33. HOW DID INJURY OCCUR?	
34. I hereby certify that I attended the deceased from 8/21, 1952 to 8/27, 1952, that I last saw the deceased alive on 8/27, 1952 and that death occurred at 9:54 A. M., from the causes and on the date stated above.					
35. SIGNATURE		36. ADDRESS		37. DATE SIGNED	
Ed Alexander Jr M.D.		JOHNS HOPKINS HOSPITAL		8-27-52	
38. BURIAL, CREMATION, REMOVAL (Specify)		39. NAME OF CEMETERY OR CREMATORY		40. LOCATION (City, town, or county) (State)	
Burial		Mt Calvary Cem.		Brooklyn Md.	
41. DATE RECEIVED BY LOCAL REGISTRAR		42. REGISTRAR'S SIGNATURE		43. FUNERAL DIRECTOR ADDRESS	
AUG 29 1952		Huntington Williams, M.D.		Elmer Wilson 1040 Broadway Ave	

MEDICAL CERTIFICATION

VS 150

14520690387041

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 8045
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Louis J. Hammann

2. DATE
OF
DEATH

Aug. 28/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland 3555 Elmley Ave.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

3555 Elmley Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto. Md.

D. STREET ADDRESS (If rural, give location)

3555 Elmley Ave.

C. Length of stay in Baltimore

life

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

July 20, 1871

9. AGE (In years last birthday)

81

If Under 1 Year Months Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Machinist

10B. KIND OF BUSINESS OR INDUSTRY

Nat. Can Co.

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Jacob Hammann

14. MOTHER'S MAIDEN NAME

Catherine ---

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.
220-01-2237

17. INFORMANT ADDRESS
Mrs. Minnie Hammann 3555 Elmley Ave.

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER- LAYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE AT ☐ WORK WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/15, 1940, to 8/20, 1952, that I last saw the deceased alive on 8/20, 1952, and that death occurred at 4 A. M., from the causes and on the date stated above.

23A. SIGNATURE
D. H. Hornstein

23B. ADDRESS
M. D. 204 E. Biddle St.

23C. DATE SIGNED
8/29/52

24A. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24B. DATE
Aug. 30/52

24C. NAME OF CEMETERY OR CREMATORY
Oak Lawn Cem

24D. LOCATION (City, town, or county) (State)
Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

AUG 29 1952

Huntington Williams, M.D.

Philip H. Hewitt

2024 Orleans St.

125200080A

MEDICAL CERTIFICATION

UNITED STATES DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY
WASHINGTON, D. C.

INTERNATIONAL EXHIBITION

1904

1904

1904

8-536
52 8047

52 8047

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) *Jurgis Indrasius* 2. DATE OF DEATH *Aug 27-1952*

3. PLACE OF DEATH: A. Baltimore City, Maryland 4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE *Maryland* B. COUNTY _____

B. FULL NAME OF (If not in hospital or institution, give street address or location) *101 S. Carrollton Ave.* C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) *Baltimore*

D. STREET ADDRESS (If rural, give location) *101 S. Carrollton Ave. 18-03*
Length of stay in Baltimore *3 years* Yrs. Mos. Days

5. SEX *M* 6. COLOR OR RACE *W* 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) _____ 8. DATE OF BIRTH *May 5-1889* 9. AGE (In years last birthday) *63* If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) *Hotel Worker* 10B. KIND OF BUSINESS OR INDUSTRY *Hotel* 11. BIRTHPLACE (State or foreign country) *Lithuania* 12. CITIZEN OF WHAT COUNTRY? _____

13. FATHER'S NAME *Thomas Indrasius* 14. MOTHER'S MAIDEN NAME *Barbara Nemcijiusthaite*

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) *No* (If yes, give war or dates of service) _____ 16. SOCIAL SECURITY NO. *213-30-8853* 17. INFORMANT *Elegus Slizys* ADDRESS *101 S. Carrollton Ave*

18. *204.1* CAUSE OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) *Chronic Myelogenous Leukemia 3-4 yr.*
DUE TO (A) _____
ANTECEDENT CAUSES (B) _____
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) _____
II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. _____

19A. DATE OF OPERATION *0* 19B. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) _____ 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____ 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY _____ 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ 21F. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from *June 1951*, to *August 27, 1952*, that I last saw the deceased alive on *August 20, 1952*, and that death occurred at *7:15 P.m.*, from the causes and on the date stated above.

23A. SIGNATURE *J. H. Williams, M.D.* 23B. ADDRESS *642 N. W. D. St.* 23C. DATE SIGNED *8-29-52*

24A. BURIAL, CREMATION, REMOVAL (Specify) *Burial* 24B. DATE *Aug 30-52* 24C. NAME OF CEMETERY OR CREMATORY *Holy Redeemer Cem.* 24D. LOCATION (City, town, or county) (State) *4430 Belair Rd Balto Md.*

DATE RECEIVED BY LOCAL REGISTRAR *6-29-1952* REGISTRAR'S SIGNATURE *Huntington Williams* 25. FUNERAL DIRECTOR *Chas Kachanovskas* ADDRESS *637 Washington Chd.*

VS 150

MEDICAL CERTIFICATION

1008

52

RECEIVED BY THE DIRECTOR OF THE
BUREAU OF THE ARMY

TO THE DIRECTOR OF THE
BUREAU OF THE ARMY
FROM THE
[Illegible text follows, appearing to be a memorandum or report with several paragraphs of text, mostly illegible due to fading and bleed-through.]

2-000
52 8048

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

X 52 8048

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

C. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)

If Under 1 Year
Months: Days

If Under 24 hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

CAUSE OF DEATH

18. 581.0 I

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO
(C)

INTERVAL BETWEEN
ONSET AND DEATH

5 days

1 year

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from 8-20-1952 to 8-28-1952 that I last saw the
deceased alive on 8-28-1952, and that death occurred at 7:22 p.m., from the causes and on the date stated above.

23A. SIGNATURE
Dwight C. McLean

M. D.

23B. ADDRESS
JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED
8/28/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

8-29-1952

VS 150

Huntington Williams, MD

H. W. Wears & Son 805 N. Calvert St

15520008045

MEDICAL CERTIFICATION

DEPARTMENT OF HEALTH OF CALIFORNIA
CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age	
4. Date of death		5. Time of death		6. Place of death	
7. Cause of death		8. Manner of death		9. Signature of physician	
10. Signature of registrar		11. Signature of medical examiner		12. Signature of coroner	
13. Signature of funeral director		14. Signature of undertaker		15. Signature of cemetery	
16. Signature of hospital		17. Signature of nursing home		18. Signature of other institution	
19. Signature of family		20. Signature of friends		21. Signature of neighbors	
22. Signature of community		23. Signature of church		24. Signature of school	
25. Signature of other		26. Signature of other		27. Signature of other	
28. Signature of other		29. Signature of other		30. Signature of other	
31. Signature of other		32. Signature of other		33. Signature of other	
34. Signature of other		35. Signature of other		36. Signature of other	
37. Signature of other		38. Signature of other		39. Signature of other	
40. Signature of other		41. Signature of other		42. Signature of other	
43. Signature of other		44. Signature of other		45. Signature of other	
46. Signature of other		47. Signature of other		48. Signature of other	
49. Signature of other		50. Signature of other		51. Signature of other	
52. Signature of other		53. Signature of other		54. Signature of other	
55. Signature of other		56. Signature of other		57. Signature of other	
58. Signature of other		59. Signature of other		60. Signature of other	
61. Signature of other		62. Signature of other		63. Signature of other	
64. Signature of other		65. Signature of other		66. Signature of other	
67. Signature of other		68. Signature of other		69. Signature of other	
70. Signature of other		71. Signature of other		72. Signature of other	
73. Signature of other		74. Signature of other		75. Signature of other	
76. Signature of other		77. Signature of other		78. Signature of other	
79. Signature of other		80. Signature of other		81. Signature of other	
82. Signature of other		83. Signature of other		84. Signature of other	
85. Signature of other		86. Signature of other		87. Signature of other	
88. Signature of other		89. Signature of other		90. Signature of other	
91. Signature of other		92. Signature of other		93. Signature of other	
94. Signature of other		95. Signature of other		96. Signature of other	
97. Signature of other		98. Signature of other		99. Signature of other	
100. Signature of other		101. Signature of other		102. Signature of other	

B-626
52 8049BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 8049
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) <i>Anna E. Burkhardt</i>		2. DATE OF DEATH <i>Aug 29 '52</i>	
3. PLACE OF DEATH: <i>A Baltimore City, Maryland</i>		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <i>Maryland</i> B. COUNTY _____	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>Md. General Hosp.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
Length of stay in Baltimore <i>life</i>		D. STREET ADDRESS (If rural, give location) <i>4303 Marbel Hall Rd.</i>	
5. SEX <i>F.</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>Aug 23 '892</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>AT HOME</i>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <i>80</i>
13. FATHER'S NAME <i>William Dickey</i>		11. BIRTHPLACE (State or foreign country) <i>Md.</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY? <i>American</i>	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME <i>Sallie Jackson</i>	
17. INFORMANT <i>Miss Dorothy Burkhardt</i>		ADDRESS	

18. <i>252.0</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) <i>Cerebral vascular accident</i> DUE TO (B) <i>the Hypertension</i> DUE TO (C) <i>Arteriosclerotic cardio-vascular disease & auricular fibrillation</i>	INTERVAL BETWEEN ONSET AND DEATH <i>?</i>
---	--	--

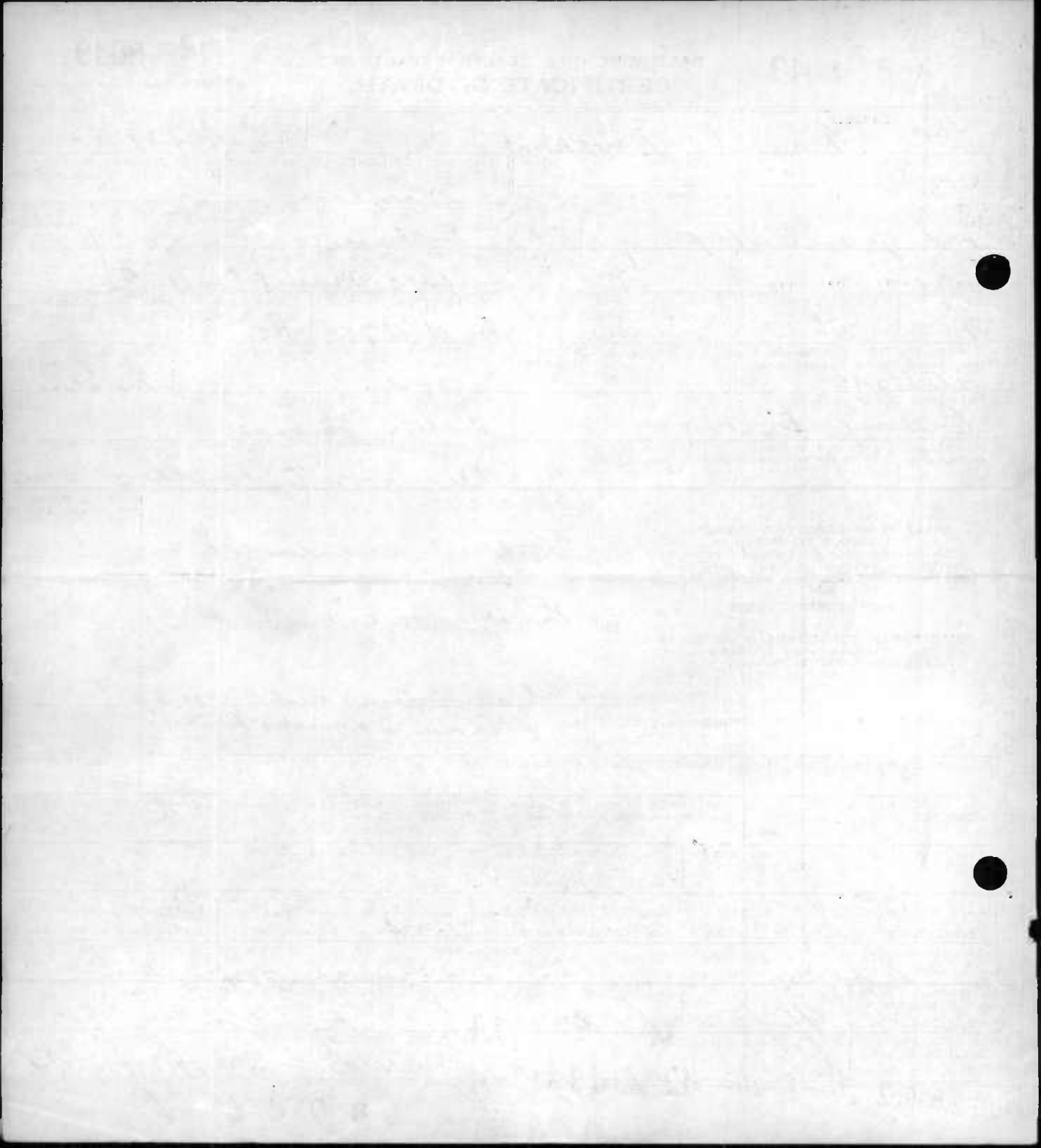
19A. DATE OF OPERATION <i>0</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Aug. 25*, 1952, to *Aug. 29*, 1952, that I last saw the deceased alive on *Aug. 29*, 1952, and that death occurred at *12:45 P.M.*, from the causes and on the date stated above.

23A. SIGNATURE <i>Sze-jui Lin</i>	23B. ADDRESS <i>Md. General Hosp.</i>	23C. DATE SIGNED <i>Aug. 29 '52</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>9/2/52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Oaklawn</i>
24D. LOCATION (City, town, or county) (State) <i>Bald Md</i>	25. FUNERAL DIRECTOR <i>Huntington Williams, M.D.</i>	ADDRESS <i>L. J. Ruck 5305 Harford Rd</i>

AUG 29 1952

1952 0000046



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 8050
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) Anna R. O'Connell			2. DATE OF DEATH August 29, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 921 St. Paul Street			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
D. STREET ADDRESS (If rural, give location) 113 W. Saratoga Street			4-01		
5. SEX female			6. COLOR OR RACE white		
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed			8. DATE OF BIRTH Sept. 11, 1880		
9. AGE (In years last birthday) 71			10. UNDER 1 Year Months: Days: Hours: Min.		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Saleslady			10B. KIND OF BUSINESS OR INDUSTRY Bakery		
11. BIRTHPLACE (State or foreign country) Baltimore, Maryland			12. CITIZEN OF WHAT COUNTRY? _____		
13. FATHER'S NAME Vaclav Benda			14. MOTHER'S MAIDEN NAME Mary Bolek		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. _____		
17. INFORMANT Wm. C. O'Connell, 921 St. Paul Street			ADDRESS _____		

18. 420.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic Heart Disease		INTERVAL BETWEEN ONSET AND DEATH
(A) DUE TO		
ANTECEDENT CAUSES		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
(B) DUE TO		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour)		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Aug 25, 1952, to Aug 29, 1952, that I last saw the deceased alive on Aug 25, 1952, and that death occurred at 5 A. m., from the causes and on the date stated above.

23A. SIGNATURE William H. Fustling M. D.		23B. ADDRESS 11 E. Chase St.		23C. DATE SIGNED 8-29-52	
---	--	--	--	------------------------------------	--

24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 9/2/52		24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer Cemetery		24D. LOCATION (City, town, or county) (State) Baltimore, Maryland	
--	--	----------------------------	--	---	--	---	--

DATE RECEIVED BY LOCAL REGISTRAR AUG 29 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Wm. Cook, Inc.		ADDRESS 1217 St. Paul St.	
--	--	---	--	---	--	-------------------------------------	--

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Sarah Lillian Smink

2. DATE
OF
DEATH

August 28, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
Stafford Hotel

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **Maryland** B. COUNTY **Talbot**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
St. Michaels

D. STREET ADDRESS (If rural, give location)
7000

C. Length of stay in Baltimore

5. SEX **female** 6. COLOR OR RACE **white** 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) **married**

8. DATE OF BIRTH **Jan. 20, 1886** 9. AGE (In years last birthday) **66** 10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
housewife

10B. KIND OF BUSINESS OR INDUSTRY
own home

11. BIRTHPLACE (State or foreign country)
Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Edward Long

14. MOTHER'S MAIDEN NAME

Fannie Broughton

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Mrs. William Long, Salisbury, Maryland

18. **420.0**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Myocardial Infarction**

8/28/52

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Coronary Thrombosis**

8/28/52

DUE TO

(C) **Arteriosclerotic heart disease**

May 1952

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **May 1952**, to **Aug. 28, 1952**, that I last saw the deceased alive on **Aug. 26, 1952**, and that death occurred at **m.**, from the causes and on the date stated above.

23A. SIGNATURE

Lawrence M. Serra, M.D.

23B. ADDRESS

11 E. Chase Street

23C. DATE SIGNED

Aug. 28, 52

24A. BURIAL, CREMATION, REMOVAL (Specify)

burial

24B. DATE

8/30/52

24C. NAME OF CEMETERY OR CREMATORY

Mt. Olive Cemetery

24D. LOCATION (City, town, or county) (State)

Roslyn

Maryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. Cook, Inc.

ADDRESS

1217 St. Paul Street

U.S. 130

1952 0008 040

265
52 8052BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 8052

BIRTH NO.

1. NAME OF DECEASED (Type or Print) GRETCHEN SCHNEIDER COCHRANE		2. DATE OF DEATH AUG. 28, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE NEW JERSEY B. COUNTY Maryland	
B. FULL NAME OF (If not in hospital or institution, give street address or location) UNION MEMORIAL HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) SHORT HILLS Baltimore City	
D. STREET ADDRESS (If rural, give location) Hopkins Apts., St. Paul + 31st Streets		E. DATE OF BIRTH JUN 14, 1897	
F. LENGTH OF STAY IN BALTIMORE 35 years 52 Days		G. AGE (In years last birthday) 65	
H. SEX FEMALE I. COLOR OR RACE WHITE		J. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOW	
K. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		L. KIND OF BUSINESS OR INDUSTRY HOME	
M. FATHER'S NAME HENRY SCHNEIDER		N. MOTHER'S MAIDEN NAME ELEANOR COLIGHTLY	
O. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO		P. SOCIAL SECURITY NO. NONE	
Q. 17. INFORMANT DECEASED		R. ADDRESS W.H. Cochran (son) Short Hills, N.J.	
S. 18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Carcinomatous DUE TO (B) Carcinoma of Breast DUE TO (C)		T. INTERVAL BETWEEN ONSET AND DEATH mes. ? yrs.	
U. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			
V. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from JUL 7, 1952 to AUG. 28, 1952 that I last saw the deceased alive on AUG. 28, 1952 and that death occurred at 5:45 A.M. , from the causes and on the date stated above.			
23A. SIGNATURE B. R. B. mP		23B. ADDRESS Union Memorial	
23C. DATE SIGNED 8-28-52			
24A. BURIAL, CREMATION, REMOVAL (Specify) Crema		24B. DATE Aug-30-1952	
24C. NAME OF CEMETERY OR CREMATORY Greenmount Cemetery		24D. LOCATION (City, town, or county) (State) Baltimore, Maryland.	
25. FUNERAL DIRECTOR Huntington Williams		25. ADDRESS Stewart & Mowen Co., 108 W. North Ave.	
DATE RECEIVED BY LOCAL REGISTRAR 29 1952		VS 150	

281, 282, 283

2008-2009

72-126 4-26

1116 7 11

1944-1945

1892

1000

7. 11. 1907 - 1908

1322

1999

94-2154-2 7-9-91 104

242

10

400

52 8053

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 8053
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Viola Hall

2. DATE
OF
DEATH

8/28/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution, residence
A. STATE MD. B. COUNTY before admission)B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

S.B.G.H.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baito.

24-04

D. STREET ADDRESS (If rural, give location)

535 E. Fort Ave.

Length of stay in Baltimore

SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

12-17-1892

9. AGE (in years
last birthday)

54

If Under 1 Year Months Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housework

10B. KIND OF BUSINESS OR
INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

GA

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

LEON SCHEELER

14. MOTHER'S MAIDEN NAME

MARGARET PALMIS

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT ADDRESS

Family - Same

18. 446x and 260x

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asphyxia, etc. It means the disease,
injury or complication which caused death.)

(A)

Pneumonia

DUE TO

Nephrosclerosis

(B)

Cerebrovascular accident?

DUE TO

Generalized arteriosclerosis

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.Diabetes mellitus
Pulmonary arteriosclerosis

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 24, 1952, to Aug 28, 1952, that I last saw the
deceased alive on Aug 28, 1952, and that death occurred at 4 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Elliott

23B. ADDRESS

South Baltimore Gen. Hosp.

23C. DATE SIGNED

8-28-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

9-1-52

24C. NAME OF CEMETERY OR CREMATORY

GLEN HAVEN

24D. LOCATION (City, town, or county)

GLEN BURNIE

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

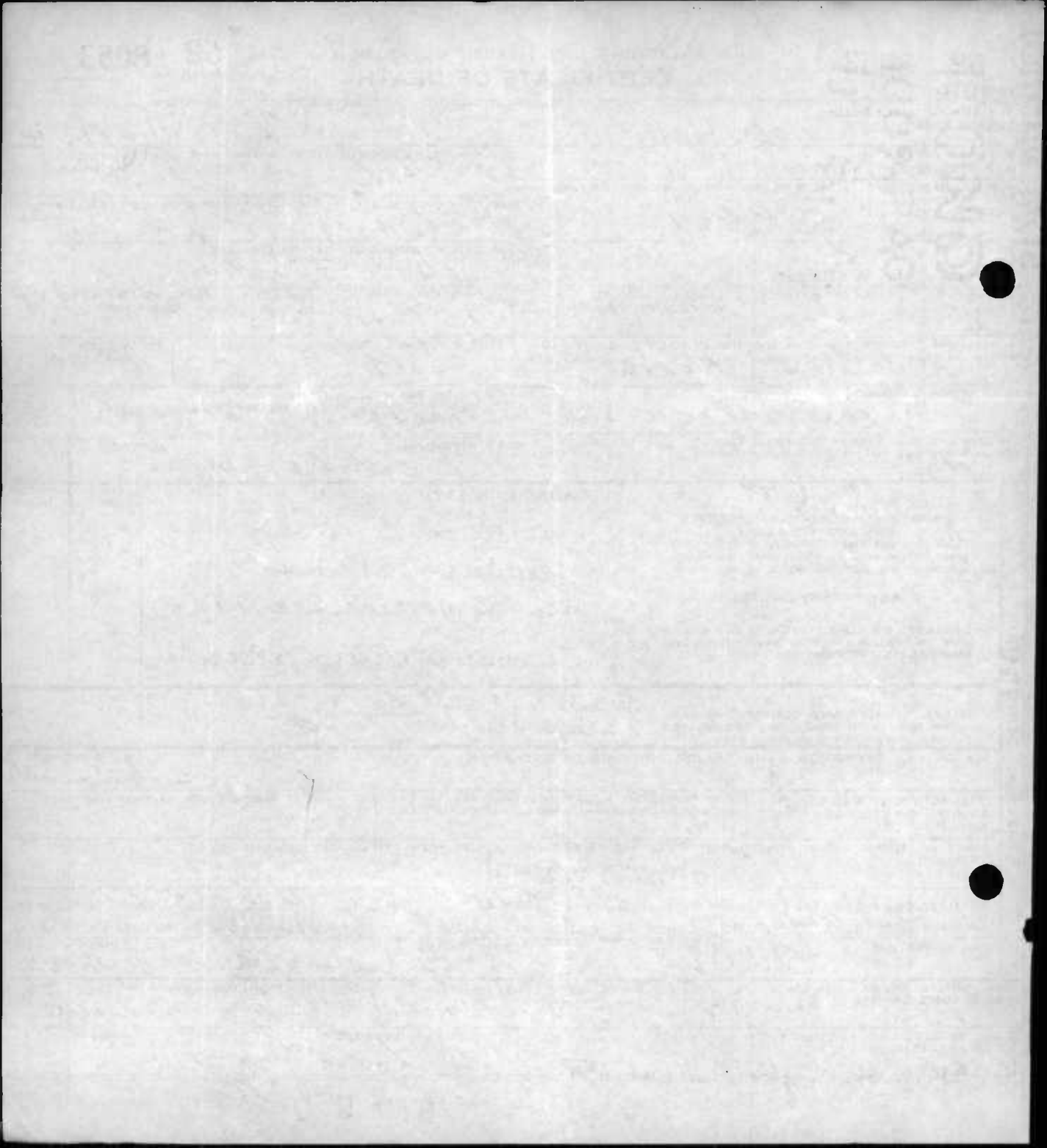
ADDRESS

10-29-1952

VS 150

J. L. W. Curry

130 E. Fort Ave.



530

52 8054

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 8054
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

SMITH, GEORGE

2. DATE
OF
DEATH

8-28-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

FRANKLIN SQ. Hosp.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

FRANKLIN SQUARE Hosp.

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
before admission)

A. STATE

B. COUNTY

M.D.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

209 E. CROSS STREET.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

MALE

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Nov. 28, 1878

9. AGE (In years
last birthday)

73

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

TINNER

10B. KIND OF BUSINESS OR
INDUSTRY

Owner.

11. BIRTHPLACE (State or foreign country)

Baltimore MD.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

SMITH, CHARLES.

14. MOTHER'S MAIDEN NAME

LENA COOK

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Family - Same

18. 463X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) PULMONARY EMBOLISM

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) CHRONIC INFECTED ULCER LEFT
LEG WITH THROMBOPHLEBITIS &
CELLULITIS

(C) OLD AGE

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

8-25-52

19B. MAJOR FINDINGS OF OPERATION

CHRONIC INFECTED ULCER, LEFT LEG
THROMBOPHLEBITIS & CELLULITIS

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-23-1952, to 8-28-1952, that I last saw the
deceased alive on 8-28-1952 and that death occurred at 4:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE

J. Man

M.D.

23B. ADDRESS

Franklin Sq. hosp.

23C. DATE SIGNED

8-28-52

24A. BURIAL CREMA-
TION, REMOVAL (Specify)

24B. DATE

9.1.52

24C. NAME OF CEMETERY OR CREMATORY

Cedar Hill

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

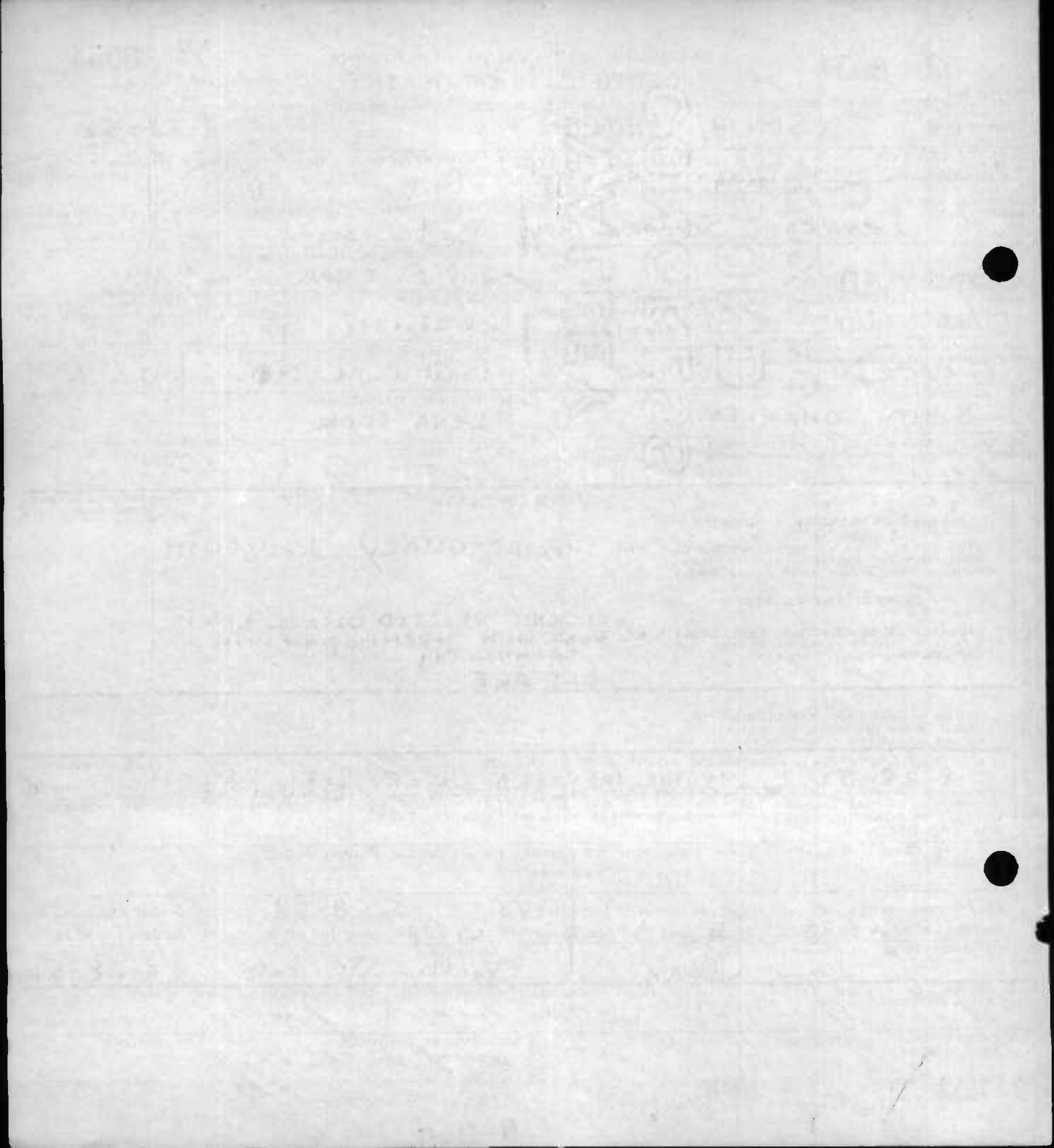
ADDRESS

291952

Huntington Williams, MD

130 E. FORT AVE.

805



-260

52 8055

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 8055
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Mary Biser			2. DATE OF DEATH 8 29 52		
3. PLACE OF DEATH: A. Baltimore City, Maryland St. Agnes, Baltd, Md			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Mt. Airey		
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Agnes Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Mt. Airey		
5. LENGTH OF STAY IN BALTIMORE 81 Yrs			D. STREET ADDRESS (If rural, give location) Box 101, Mt. Airey, Md.		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 10-11		9. AGE (In years last birthday) 81 Yrs.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland
13. FATHER'S NAME Columbus Windsor			14. MOTHER'S MARDEN NAME Unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)			16. SOCIAL SECURITY NO.		
17. INFORMANT Mrs. Leon Windsor - Mt. Airey, Md			ADDRESS		
18. 251X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Surgical Shock DUE TO (B) Multiple Adenomata, thyroid gland, causing DUE TO (C) generalized arteriosclerosis INTERVAL BETWEEN ONSET AND DEATH 2 1/2 hrs. 2 years					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Generalized Arteriosclerosis					
19A. DATE OF OPERATION 8/29/52		19B. MAJOR FINDINGS OF OPERATION Multiple Adenomata, thyroid		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 8/14 , 19 52 , to 8/29 , 19 52 , that I last saw the deceased alive on 8/29 , 19 52 and that death occurred at 12 m., from the causes and on the date stated above.					
23A. SIGNATURE Stephen K. Pacheco		23B. ADDRESS St. Agnes Hospital		23C. DATE SIGNED 8/29/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 9-1-52		24C. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery	
24D. LOCATION (City, town, or county) (State) Fredrick, Md.		25. FUNERAL DIRECTOR Huntington Williams, M.D.		ADDRESS M. R. Etcheberry 5047 Fredrick Md.	

MEDICAL CERTIFICATION

291952
VS 150

1952

Md.

UNITED STATES OF AMERICA
DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY

Washington, D. C., June 10, 1914

Mr. J. H. ...

Dear Sir:

I have the honor to acknowledge the receipt of your letter of the 5th inst. regarding the matter of the ...

Very respectfully,
J. H. ...

Enclosed for you are ...

Very truly yours,
J. H. ...

530

52 8056

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 8056

1. NAME OF DECEASED (Type or Print) SMITH, WILLIAM		2. DATE OF DEATH 8-28-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE M.D. B. COUNTY Anne Arundel	
B. FULL NAME OF HOSPITAL OR INSTITUTION Franklin Square Hospital		C. CITY OR TOWN M.D. (If outside corporate limits, write RURAL and give township)	
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) SEVERN, MD. 5200	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DECEASED (Specify)	8. DATE OF BIRTH 9-1-1875
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10B. KIND OF BUSINESS OR INDUSTRY Harmon	9. AGE (In years last birthday) 76
11. BIRTHPLACE (State or foreign country) MD		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13. FATHER'S NAME Smith, William		14. MOTHER'S MAIDEN NAME ? Simon	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT FRANKLIN SQ Hosp.		ADDRESS	

18. 420.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
(A) MYOCARDIAL FAILURE DUE TO		
(B) GENERALIZED ATHERIO-SCLEROTIC HEART DISEASE DUE TO		
(C) DECUBITUS ULCER DUE TO		
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. OLD AGE		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **8-15**, 19**52** to **8-28**, 19**52**, that I last saw the deceased alive on **8-28**, 19**52**, and that death occurred at **8:25 pm.**, from the causes and on the date stated above.

23A. SIGNATURE J. Chanin		23B. ADDRESS Franklin SQ. Hosp.		23C. DATE SIGNED 8-29-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 8/31/52		24C. NAME OF CEMETERY OR CREMATORY Loyd Bell cemetery	
24D. LOCATION (City, town, or county) (State) Laurel, Pr. Geo. Md		25. FUNERAL DIRECTOR W. E. Selby		ADDRESS Laurel, Md	
DATE RECEIVED BY LOCAL REGISTRAR AUG 30 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.			

THE UNIVERSITY OF CHICAGO

DEPARTMENT OF CHEMISTRY

LABORATORY OF ORGANIC CHEMISTRY

CHICAGO, ILLINOIS

JANUARY 1955

RECEIVED

FROM

DR. J. E. HARRIS

AND

DR. R. H. WILSON

OF THE

UNIVERSITY OF CHICAGO

DEPARTMENT OF CHEMISTRY

LABORATORY OF ORGANIC CHEMISTRY

CHICAGO, ILLINOIS

JANUARY 1955

RECEIVED

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OF THE

UNIVERSITY OF CHICAGO

DEPARTMENT OF CHEMISTRY

52 8057

CERTIFICATE CORRECTED 9-4-52

52 8057

VMC-162199

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED (Type or Print) Frisby Freeman			2. DATE OF DEATH 8-26-52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore 47 yrs.			D. STREET ADDRESS (If rural, give location) 639 Vine St. (1618 Jefferson St. - 5)		
5. SEX M	6. COLOR OR RACE N	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 31, 1880	9. AGE (In years last birthday) 72	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer			10B. KIND OF BUSINESS OR INDUSTRY Market		
11. BIRTHPLACE (State or foreign country) Maryland			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Garrison ?			14. MOTHER'S MAIDEN NAME Hariett Coy		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. 212-71-8650		
17. INFORMANT Records: B. C. H. 4940 Eastern Ave.			ADDRESS		

CAUSE OF DEATH

18. 493x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Pneumonia DUE TO Uremia	INTERVAL BETWEEN ONSET AND DEATH 2 wks. 2 wks.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **8-19-**, 1952, to **8-26-**, 1952, that I last saw the deceased alive on **8-26-**, 1952, and that death occurred at **10: A.m.**, from the causes and on the date stated above.

23A. SIGNATURE <i>J. J. Hogan</i>	23B. ADDRESS 4940 Eastern Ave.	23C. DATE SIGNED 8-26-52
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Aug. 30, 1952	24C. NAME OF CEMETERY OR CREMATORY Scott's Church Cem	24D. LOCATION (City, town, or county) (State) Falbot Co. Md.
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DATE RECEIVED BY LOCAL REGISTRAR AUG 30 1952	REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	25. FUNERAL DIRECTOR ADDRESS <i>McGowan Funeral Home - 1735 Duval Hill Ave.</i>
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25 897

RECEIVED
OFFICE OF THE
SECRETARY OF THE
NAVY

1897

1897

RECEIVED
OFFICE OF THE
SECRETARY OF THE
NAVY

525

52 8058

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 8058

1. NAME OF DECEASED (Type or Print) <i>Mary A. Hanson</i>		2. DATE OF DEATH <i>August 27, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>MD</i> B. COUNTY <i>27-05</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>3009 Clearview Ave</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
C. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) <i>3009 Clearview Ave</i>	
5. SEX <i>F.</i>	6. COLOR OR RACE <i>W.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>Feb. 28, 1874</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <i>78</i> If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.
13. FATHER'S NAME <i>James Hancock</i>		11. BIRTHPLACE (State or foreign country) <i>Baltimore</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, to or unknown) <i>no</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
16. SOCIAL SECURITY NO. <i>220-01-4929</i>		14. MOTHER'S MAIDEN NAME <i>unknown</i>	
17. INFORMANT <i>Mrs. Frank Oak, 217 Dunkirk Rd.</i>		ADDRESS	
18. <i>334X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Malnutrition</i> DUE TO <i>Cerebral Arterio sclerosis</i> DUE TO <i>II</i> OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Jan 10, 1952</i> , to <i>Aug 27, 1952</i> , that I last saw the deceased alive on <i>Aug 27, 1952</i> , and that death occurred at <i>1:30 P.M.</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>Joseph Fisher</i>		23B. ADDRESS <i>3422 Belair Rd</i>	
23C. DATE SIGNED <i>8/27/52</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Aug 29, 1952</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Parkwood</i>		24D. LOCATION (City, town, or county) (State) <i>Taylor Ave. Md</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>AUG 30 1952</i>		25. FUNERAL DIRECTOR <i>Huntington Williams, 107</i>	
VS 150		ADDRESS <i>6009 Harford Rd.</i>	

MEDICAL CERTIFICATION

8538 32

STATE OF OHIO

WATLEY

1914

1914-1915

1914-1915

52 8059

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 8059
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Peter Garrett, Sr.</i>		2. DATE OF DEATH <i>Aug 26, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>1620 W. Lexington St.</i>		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Maryland</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Md. Baptist Home</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 19-01</i>	
C. Length of stay in Baltimore <i>30 years</i>		D. STREET ADDRESS (If rural, give location) <i>1620 St. Lexington St.</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>Oct. 9, 1882</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Cabman</i>		9. AGE (In years last birthday) Months Days <i>69</i>	
10B. KIND OF BUSINESS OR INDUSTRY <i>General</i>		11. BIRTHPLACE (State or foreign country) <i>Richmond, Va.</i>	
13. FATHER'S NAME <i>Peter Garrett</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		14. MOTHER'S MAIDEN NAME <i>Bethie Cashner</i>	
16. SOCIAL SECURITY NO.		17. INFORMANT <i>Samuel Ringgold</i>	

18. <i>331X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Cerebral Hemorrhage</i>		INTERVAL BETWEEN ONSET AND DEATH <i>2 weeks</i>
CAUSE OF DEATH <i>Mental Depression</i>		
DUE TO <i>Hypertension</i>		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>High blood pressure</i>		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>0</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from *8/16/52*, to *8/26/52*, that I last saw the deceased alive on *8/26/52*, and that death occurred at *9:10* m., from the causes and on the date stated above.

23A. SIGNATURE <i>Bartholemew</i>	23B. ADDRESS <i>526 N. Gandy St.</i>	23C. DATE SIGNED <i>8/29/52</i>
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24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE <i>Aug. 30, 1952</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Arboretum Mem. Pk.</i>	24D. LOCATION (City, town, or county) (State) <i>Baltimore, Md.</i>
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DATE RECEIVED BY LOCAL REGISTRAR <i>AUG 30 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	25. FUNERAL DIRECTOR <i>1631 S. Unit Hill Ave.</i>
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Handwritten text, mostly illegible due to fading and bleed-through. Some words like "The" and "and" are visible.

Handwritten text, mostly illegible due to fading and bleed-through. Some words like "The" and "and" are visible.

400
52 8060BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 8060
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print)		CLARENCE EDGAR BEALLE		2. DATE OF DEATH Aug. 28, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md.	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE Anderson Nursing Home 3605 Hillsdale Rd.				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 12-03	
Length of stay in Baltimore Yrs. Mos. Days				D. STREET ADDRESS (If rural, give location) 2727 Guilford Ave.	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Sept. 16, 1880	9. AGE (In years last birthday) 71	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Train Dispatcher		10B. KIND OF BUSINESS OR INDUSTRY Railroad	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Albert Bealle			14. MOTHER'S MAIDEN NAME Thornrose Hicks		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Mrs. Emma V. Bealle-2727 Guilford Ave.		

18. 153X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) Generalized carcinomatosis. DUE TO (B) Carcinoma of colon DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH 6 mo. 1 yr.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/5, 1952, to Aug 28, 1952, that I last saw the deceased alive on Aug 16, 1952, and that death occurred at 9A m., from the causes and on the date stated above.

23A. SIGNATURE H. R. Freeman Jr.	23B. ADDRESS 11 W. 29th St.	23C. DATE SIGNED Aug 29, 1952
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 8/30/52	24C. NAME OF CEMETERY OR CREMATORY Parkwood Cem.	24D. LOCATION (City, town, or county) (State) Balto., Md.
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DATE RECEIVED BY LOCAL REGISTRAR AUG 30 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR J. M. Vickner & Sons	ADDRESS
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660
52 8061

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 8061
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARIAN VIRGINIA BREWER

2. DATE
OF
DEATH

Aug. 29, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION 106 W. University Pkwy.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md.

B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 12-01

D. STREET ADDRESS (If rural, give location)
106 W. University Pkwy.

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Oct. 26, 1908

9. AGE (In years
last birthday)

43

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

housewife & cashier

10B. KIND OF BUSINESS OR
INDUSTRY

& Secretary ?

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

Martha Robinson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

none

16. SOCIAL
SECURITY NO.

216-09-2612

17. INFORMANT

ADDRESS

Mr. David R. Brewer - 106 W. University Pkwy.

18. 170X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Carcinoma, left breast

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

5 yrs.

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from March 15, 1952, to August 29, 1952, that I last saw the deceased alive on August 28, 1952, and that death occurred at 2:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Dr. MacLaughlin

M. D.

23B. ADDRESS

4508 Edmondson Village

23C. DATE SIGNED

8/29/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)
Burial

24B. DATE

8/30/52

24C. NAME OF CEMETERY OR CREMATORY

Rest Haven Cem.

24D. LOCATION (City, town, or county) (State)

Hagerstown, Md.

DATE RECEIVED BY

REGISTRAR'S SIGNATURE

AUG 30 1952

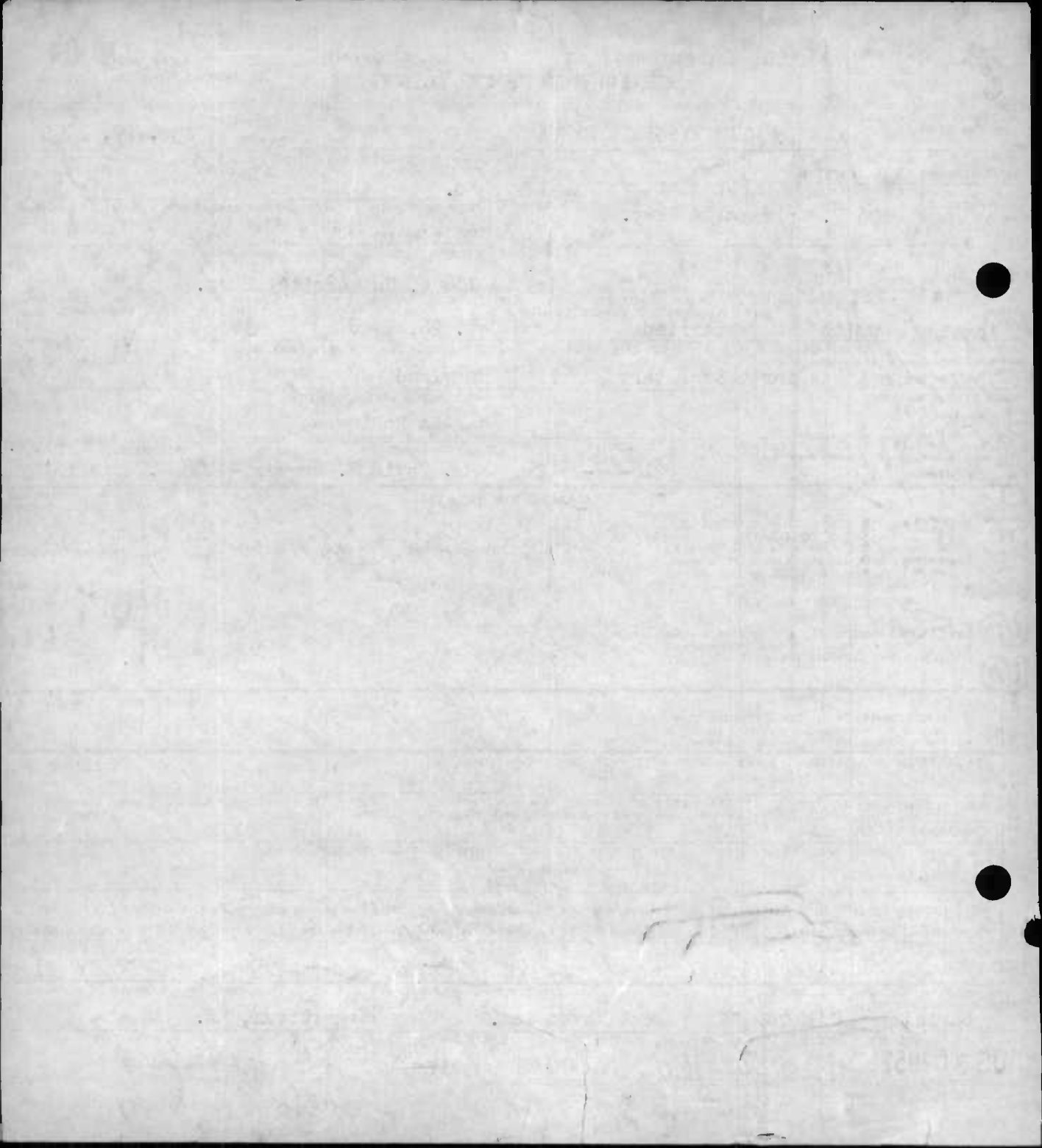
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Mr. J. S. Sicker & Sons

ADDRESS

Balto 17, Md.



541

52 8062

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 8062
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

LOUISE SCHMALBACH

2. DATE
OF
DEATH

Aug. 28, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR St. Paul Nursing Home
INSTITUTION 2305 St. Paul St.4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

2305 St. Paul St.

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Jan. 23, 1867

9. AGE (In years last birthday)

85

10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Henry Heitmuller

14. MOTHER'S MAIDEN NAME

Charlotte Wissler

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. J. B. Pymer - Apt. 1009, The Ambass-

18. 334X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) generalized arteriosclerosis

sev yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) partial hemiplegia

2 yrs.

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

anemia and hypotension

6 mos.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 50, to 8-29-52, that I last saw the deceased alive on 8-28, 1952, and that death occurred at 5:05 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

8/30/52

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

AUG 30 1952

Huntington Williams, M.D.

Stm. J. Pickner & Sons

VS 150

195200080 Balto 17, Md.

MEDICAL CERTIFICATION

2008

INVESTIGATION OF THE
CAUSE OF THE

100



52 8063

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 8063

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ALMA I'H. RUGGLES

2. DATE
OF
DEATH

August 28, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

University Parkway & 39th Street

Yrs.
Mos.
Days

Length of stay in Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

12-01

D. STREET ADDRESS (If rural, give location)

University Parkway & 39th Street

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

Aug. 28, 1900

52

11. BIRTHPLACE (State or foreign country)

Milwaukee, Wisconsin

12. CITIZEN OF
WHAT COUNTRY?
U. S. A.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR
INDUSTRY

13. FATHER'S NAME

Chas. Herman Ruggles

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Walter P. Montague, Tudor Arms Apt 5

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Hypertensive cardiovascular disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

2. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. B. Fisher

23B. CHIEF MEDICAL EXAMINER.....☒
ASSISTANT MEDICAL EXAMINER.....☐
M.D. MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

Aug. 29, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

AUG 30 1952

Huntington Williams, M.D.

H. Jenkins, Sons 492 York Rd.

1. Name (Last, First, Middle Initial) 		2. Date of Birth 		3. Sex 	
4. Place of Birth 		5. Date of Death 		6. Cause of Death 	
7. Place of Death 		8. Date of Burial 		9. Place of Burial 	
10. Name of Burial Place 		11. Name of Minister 		12. Name of Pastor 	
13. Name of Priest 		14. Name of Rabbi 		15. Name of Imam 	
16. Name of Minister 		17. Name of Pastor 		18. Name of Priest 	
19. Name of Rabbi 		20. Name of Imam 		21. Name of Minister 	
22. Name of Pastor 		23. Name of Priest 		24. Name of Rabbi 	
25. Name of Imam 		26. Name of Minister 		27. Name of Pastor 	
28. Name of Priest 		29. Name of Rabbi 		30. Name of Imam 	
31. Name of Minister 		32. Name of Pastor 		33. Name of Priest 	
34. Name of Rabbi 		35. Name of Imam 		36. Name of Minister 	
37. Name of Pastor 		38. Name of Priest 		39. Name of Rabbi 	
40. Name of Imam 		41. Name of Minister 		42. Name of Pastor 	
43. Name of Priest 		44. Name of Rabbi 		45. Name of Imam 	
46. Name of Minister 		47. Name of Pastor 		48. Name of Priest 	
49. Name of Rabbi 		50. Name of Imam 		51. Name of Minister 	
52. Name of Pastor 		53. Name of Priest 		54. Name of Rabbi 	
55. Name of Imam 		56. Name of Minister 		57. Name of Pastor 	
58. Name of Priest 		59. Name of Rabbi 		60. Name of Imam 	
61. Name of Minister 		62. Name of Pastor 		63. Name of Priest 	
64. Name of Rabbi 		65. Name of Imam 		66. Name of Minister 	
67. Name of Pastor 		68. Name of Priest 		69. Name of Rabbi 	
70. Name of Imam 		71. Name of Minister 		72. Name of Pastor 	
73. Name of Priest 		74. Name of Rabbi 		75. Name of Imam 	
76. Name of Minister 		77. Name of Pastor 		78. Name of Priest 	
79. Name of Rabbi 		80. Name of Imam 		81. Name of Minister 	
82. Name of Pastor 		83. Name of Priest 		84. Name of Rabbi 	
85. Name of Imam 		86. Name of Minister 		87. Name of Pastor 	
88. Name of Priest 		89. Name of Rabbi 		90. Name of Imam 	
91. Name of Minister 		92. Name of Pastor 		93. Name of Priest 	
94. Name of Rabbi 		95. Name of Imam 		96. Name of Minister 	
97. Name of Pastor 		98. Name of Priest 		99. Name of Rabbi 	
100. Name of Imam 		101. Name of Minister 		102. Name of Pastor 	
103. Name of Priest 		104. Name of Rabbi 		105. Name of Imam 	
106. Name of Minister 		107. Name of Pastor 		108. Name of Priest 	
109. Name of Rabbi 		110. Name of Imam 		111. Name of Minister 	
112. Name of Pastor 		113. Name of Priest 		114. Name of Rabbi 	
115. Name of Imam 		116. Name of Minister 		117. Name of Pastor 	
118. Name of Priest 		119. Name of Rabbi 		120. Name of Imam 	
121. Name of Minister 		122. Name of Pastor 		123. Name of Priest 	
124. Name of Rabbi 		125. Name of Imam 		126. Name of Minister 	
127. Name of Pastor 		128. Name of Priest 		129. Name of Rabbi 	
130. Name of Imam 		131. Name of Minister 		132. Name of Pastor 	
133. Name of Priest 		134. Name of Rabbi 		135. Name of Imam 	
136. Name of Minister 		137. Name of Pastor 		138. Name of Priest 	
139. Name of Rabbi 		140. Name of Imam 		141. Name of Minister 	
142. Name of Pastor 		143. Name of Priest 		144. Name of Rabbi 	
145. Name of Imam 		146. Name of Minister 		147. Name of Pastor 	
148. Name of Priest 		149. Name of Rabbi 		150. Name of Imam 	
151. Name of Minister 		152. Name of Pastor 		153. Name of Priest 	
154. Name of Rabbi 		155. Name of Imam 		156. Name of Minister 	
157. Name of Pastor 		158. Name of Priest 		159. Name of Rabbi 	
160. Name of Imam 		161. Name of Minister 		162. Name of Pastor 	
163. Name of Priest 		164. Name of Rabbi 		165. Name of Imam 	
166. Name of Minister 		167. Name of Pastor 		168. Name of Priest 	
169. Name of Rabbi 		170. Name of Imam 		171. Name of Minister 	
172. Name of Pastor 		173. Name of Priest 		174. Name of Rabbi 	
175. Name of Imam 		176. Name of Minister 		177. Name of Pastor 	
178. Name of Priest 		179. Name of Rabbi 		180. Name of Imam 	
181. Name of Minister 		182. Name of Pastor 		183. Name of Priest 	
184. Name of Rabbi 		185. Name of Imam 		186. Name of Minister 	
187. Name of Pastor 		188. Name of Priest 		189. Name of Rabbi 	
190. Name of Imam 		191. Name of Minister 		192. Name of Pastor 	
193. Name of Priest 		194. Name of Rabbi 		195. Name of Imam 	
196. Name of Minister 		197. Name of Pastor 		198. Name of Priest 	
199. Name of Rabbi 		200. Name of Imam 		201. Name of Minister 	
202. Name of Pastor 		203. Name of Priest 		204. Name of Rabbi 	
205. Name of Imam 		206. Name of Minister 		207. Name of Pastor 	
208. Name of Priest 		209. Name of Rabbi 		210. Name of Imam 	
211. Name of Minister 		212. Name of Pastor 		213. Name of Priest 	
214. Name of Rabbi 		215. Name of Imam 		216. Name of Minister 	
217. Name of Pastor 		218. Name of Priest 		219. Name of Rabbi 	
220. Name of Imam 		221. Name of Minister 		222. Name of Pastor 	
223. Name of Priest 		224. Name of Rabbi 		225. Name of Imam 	
226. Name of Minister 		227. Name of Pastor 		228. Name of Priest 	
229. Name of Rabbi 		230. Name of Imam 		231. Name of Minister 	
232. Name of Pastor 		233. Name of Priest 		234. Name of Rabbi 	
235. Name of Imam 		236. Name of Minister 		237. Name of Pastor 	
238. Name of Priest 		239. Name of Rabbi 		240. Name of Imam 	
241. Name of Minister 		242. Name of Pastor 		243. Name of Priest 	
244. Name of Rabbi 		245. Name of Imam 		246. Name of Minister 	
247. Name of Pastor 		248. Name of Priest 		249. Name of Rabbi 	
250. Name of Imam 		251. Name of Minister 		252. Name of Pastor 	
253. Name of Priest 		254. Name of Rabbi 		255. Name of Imam 	
256. Name of Minister 		257. Name of Pastor 		258. Name of Priest 	
259. Name of Rabbi 		260. Name of Imam 		261. Name of Minister 	
262. Name of Pastor 		263. Name of Priest 		264. Name of Rabbi 	
265. Name of Imam 		266. Name of Minister 		267. Name of Pastor 	
268. Name of Priest 		269. Name of Rabbi 		270. Name of Imam 	
271. Name of Minister 		272. Name of Pastor 		273. Name of Priest 	
274. Name of Rabbi 		275. Name of Imam 		276. Name of Minister 	
277. Name of Pastor 		278. Name of Priest 		279. Name of Rabbi 	
280. Name of Imam 		281. Name of Minister 		282. Name of Pastor 	
283. Name of Priest 		284. Name of Rabbi 		285. Name of Imam 	
286. Name of Minister 		287. Name of Pastor 		288. Name of Priest 	
289. Name of Rabbi 		290. Name of Imam 		291. Name of Minister 	
292. Name of Pastor 		293. Name of Priest 		294. Name of Rabbi 	
295. Name of Imam 		296. Name of Minister 		297. Name of Pastor 	
298. Name of Priest 		299. Name of Rabbi 		300. Name of Imam 	

G-652⁰ 8064BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHX 52 8064
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Carlton M. Gray</i>		2. DATE OF DEATH <i>August 29, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Med. T. Hays</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Pa.</i> B. COUNTY <i>V-35</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Marshall</i>	
D. STREET ADDRESS (If rural, give location)			
5. SEX <i>Male</i>		6. COLOR OR RACE <i>White</i>	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>		8. DATE OF BIRTH <i>11-15-11</i>	
9. AGE (In years last birthday) <i>40</i>		10. Under 1 Year Months: Days: 11. Under 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Miner</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Coal</i>	
11. BIRTHPLACE (State or foreign country) <i>Pa.</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>John Gray</i>		14. MOTHER'S MAIDEN NAME <i>Oronathy Rittman</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>		ADDRESS	

18. <i>134.1</i>	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) <i>TORULA MENINGO-ENCEPHALITIS</i>	<i>4 WKS.</i>
ANTECEDENT CAUSES	(B)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	<i>DISSEMINATED LUPUS ERYTHEMATOSUS</i>	<i>15 YRS</i>

19A. DATE OF OPERATION <i>8-29</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <i>6-12</i> , 1952, to <i>8-29</i> , 1952, that I last saw the deceased alive on <i>8-29</i> , 1952, and that death occurred at <i>940 P.m.</i> , from the causes and on the date stated above.		
23A. SIGNATURE <i>Carlton L. Seyton</i>	23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	23C. DATE SIGNED <i>8-30-52</i>
24A. BURIAL, CREMATION, OR REMOVAL (Specify) <i>BURIAL</i>	24B. DATE <i>Sept 2, 1952</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Highland Cem.</i>
24D. LOCATION (City, town, or county) (State) <i>Garrett, Penna</i>	25. FUNERAL DIRECTOR <i>Wm. J. Trickett & Sons, Balto Md</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>AUG 31 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, MD</i>	ADDRESS

VS 150

MEDICAL CERTIFICATION

4 9

F-426
52 8065CERTIFICATE CORRECTED 9/9/52 ES
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 8065
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mrs Katherine Felger

2. DATE
OF
DEATH

8-29-1952

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

ST. Agnes Hospital

Length of stay in Baltimore

LIFE

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE Maryland b. COUNTY BALTIMORE

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Lansdowne Rd

d. STREET ADDRESS (If rural, give location)

2929, Baltimore Ave 5351

5. SEX

Female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

10-10-90

9. AGE (In years last birthday)

62

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

Domestic

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Henry Merten

14. MOTHER'S MAIDEN NAME

Ella Snyder

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

NONE

16. SOCIAL SECURITY NO.

217-071812

17. INFORMANT

ADDRESS

KATHERINE MARTINKUS 2929 BALTO. AVE

18. 181X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Uremia

DUE TO A.S.C.V. & Hypertension

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Generalized carcinomatosis

DUE TO Transitional Ca. of the urinary bladder

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY

21e. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-5, 1952 to 8-29, 1952 that I last saw the deceased alive on 8-29, 1952, and that death occurred at 4:28 P.M., from the causes and on the date stated above.

23a. SIGNATURE

George Elton

M. D.

23b. ADDRESS

St Agnes Hospital 8-29-52

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE

9-2-52

24c. NAME OF CEMETERY OR CREMATORY

BALTIMORE NATIONAL

24d. LOCATION (City, town, or county)

BALTIMORE, MD

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

UG 37 1952

GEO. L. Schwab 2101 FREDERICK AVE

VS 150

Huntington Williams, M.D.

0 0 0 8 0 6 2

See Document File 52 8065

9/9/52 ES

M-256
52 8066BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 8066

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)Mary
Miss May Mesmeringer2. DATE
OF DEATH29
8/30/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland YES

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Bon Secours Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2017 Frederick Ave. Balto-29-Md.

C. Length of stay in Baltimore

Life-time

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

10/8/1884

9. AGE (In years
last birthday)

67

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

EXAMINER

10B. KIND OF BUSINESS OR
INDUSTRY

Clothing Mfg.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Casper Mesmeringer

14. MOTHER'S MAIDEN NAME

Elizabeth Dumler

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

None

16. SOCIAL
SECURITY NO.

215-03-9549

17. INFORMANT

ADDRESS

Anna Reulieb 16 N. WHEELER AVE.

18. 141X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Carcinomatosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Carcinoma of Tongue

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Hypertensive C V D

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-10, 1952, to 8-29, 1952, that I last saw the
deceased alive on 8-29, 1952, and that death occurred at 11:30 a.m., from the causes and on the date stated above.

23A. SIGNATURE

William A. Pillsbury M.D.

23B. ADDRESS

Bon Secours Hosp.

23C. DATE, SIGNED

8/30/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

9-1-52

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county) (State)

BALTIMORE, Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

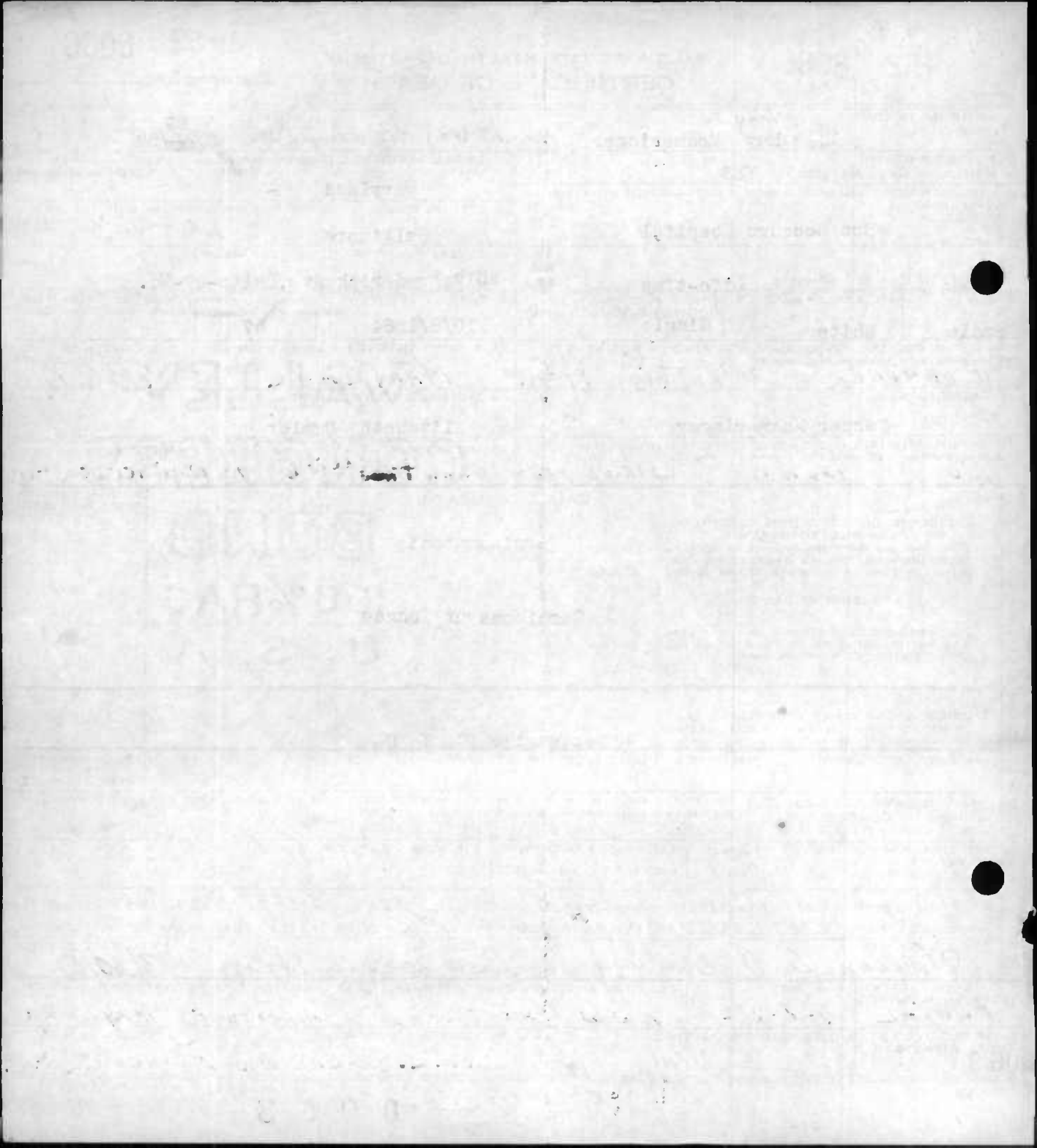
AUG 31 1952

Huntington Williams MD

25. FUNERAL DIRECTOR

ADDRESS

Geo. L. Schwab 2101 Frederick Ave



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Ronald L. Carter

2. DATE
OF
DEATH

Aug. 30, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

St. Agnes' Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Md.

B. COUNTY

before admission)

C. CITY OR TOWN

Ellicott City

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

Main Street

Length of stay in Baltimore

Yrs.
Mos.
Days

SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

7-11-1952

9. AGE (In years;

last birthday)

6 weeks

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

NONE

10B. KIND OF BUSINESS OR INDUSTRY

NONE

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Thomas Carter

14. MOTHER'S MAIDEN NAME

Joann Harding

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

N

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

NONE

17. INFORMANT

THOMAS F. CARTER ELICOTT CITY, MD.

18. 578X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) ...
DUE TORectal Bleeding, 2 days
etiology not determined

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) ...
DUE TO
(C) ...II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Severe Dehydration

5 days

19A. DATE OF OPERATION

8/21/52

19B. MAJOR FINDINGS OF OPERATION

Exploratory Laparotomy - Negative

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/26, 1952, to 8/30, 1952, that I last saw the deceased alive on 8/30, 1952, and that death occurred at 1:30 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL/CREMA-
TION/REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

AUG 31 1952

Huntington Williams, M.D.

Easton Sons Ellicott City Md

VS 150

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U.S. DEPARTMENT OF AGRICULTURE
WASHINGTON, D.C.

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

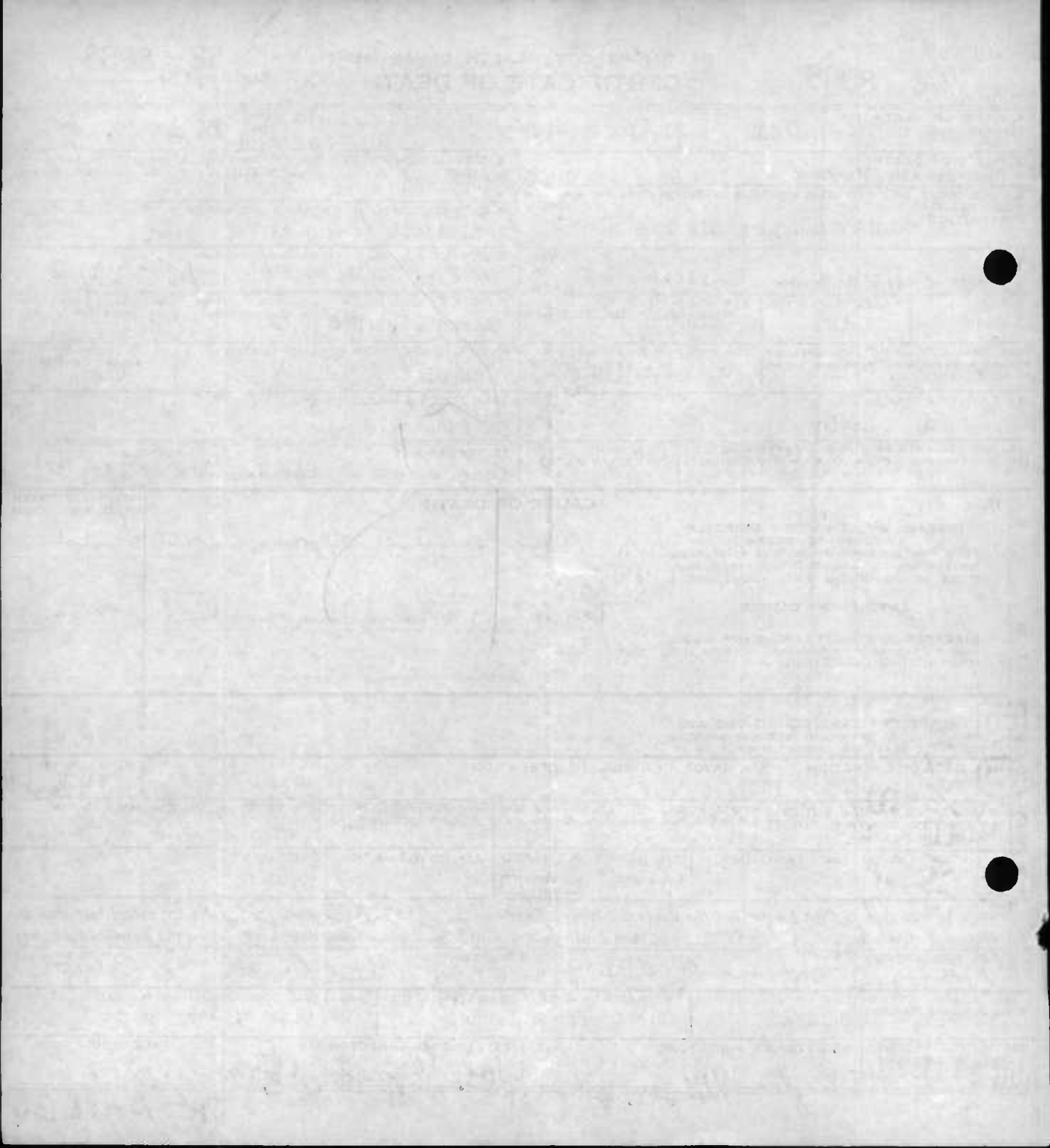
52 8068
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) JACOB BENJAMIN LEVINE		2. DATE OF DEATH August 30, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 2012 Pennsylvannia Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
C. Length of stay in Baltimore 50 yrs.		D. STREET ADDRESS (If rural, give location) 2212 W. North Avenue	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH March 15, 1873
		9. AGE (In years last birthday) 79	10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant		10B. KIND OF BUSINESS OR INDUSTRY Used Furniture	
11. BIRTHPLACE (State or foreign country) Russia		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Sol Levine		14. MOTHER'S MAIDEN NAME Anna ??	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
		17. INFORMANT ADDRESS Charles Levine- 539 N. Chester Street	

18. 422.2 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Leaves home from home		INTERVAL BETWEEN ONSET AND DEATH 1 week
(A) DUE TO Leaves home from home		
(B) DUE TO Leaves home from home		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Aug 27, 1952 to Aug 30, 1952 , that I last saw the deceased alive on Aug 27, 1952 , and that death occurred at 2212 W. North Ave from the causes and on the date stated above.					
23. SIGNATURE Henry H. Hawk		23B. ADDRESS 1924 W. North Ave		23C. DATE SIGNED Aug 30, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 8/31/52		24C. NAME OF CEMETERY OR CREMATORY Ohr Knesseth Israel	
				24D. LOCATION (City, town, or county) (State) Baltimore, Maryland	
DATE RECEIVED BY LOCAL REGISTRAR AUG 31 1952		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR ADDRESS Sol. Levinson 1 Broz-1124-26 W. North Ave	



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 8069

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) JOSEPH JOHN O'KUM		2. DATE OF DEATH August 29, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 3332 Burlith Avenue		E. LENGTH OF STAY IN BALTIMORE 18 Yrs. 15-05 Mos. 05 Days	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 60
9. AGE (In years last birthday) 60		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cap Maker	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cap Maker		10B. KIND OF BUSINESS OR INDUSTRY mens caps	
11. BIRTHPLACE (State or foreign country) Russia		12. CITIZEN OF WHAT COUNTRY? _____	
13. FATHER'S NAME Harry		14. MOTHER'S MAIDEN NAME Molche	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____	
17. INFORMANT Lee Okum - Jane		ADDRESS Jane	

18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hypertensive cardiovascular disease DUE TO _____		INTERVAL BETWEEN ONSET AND DEATH _____
ANTECEDENT CAUSES (B) _____ DUE TO _____		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) _____ DUE TO _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. _____		

19A. DATE OF OPERATION _____		19B. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY _____		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? _____	

22. I certify that I took charge of the remains described above, held an **Inspection & Inquiry** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

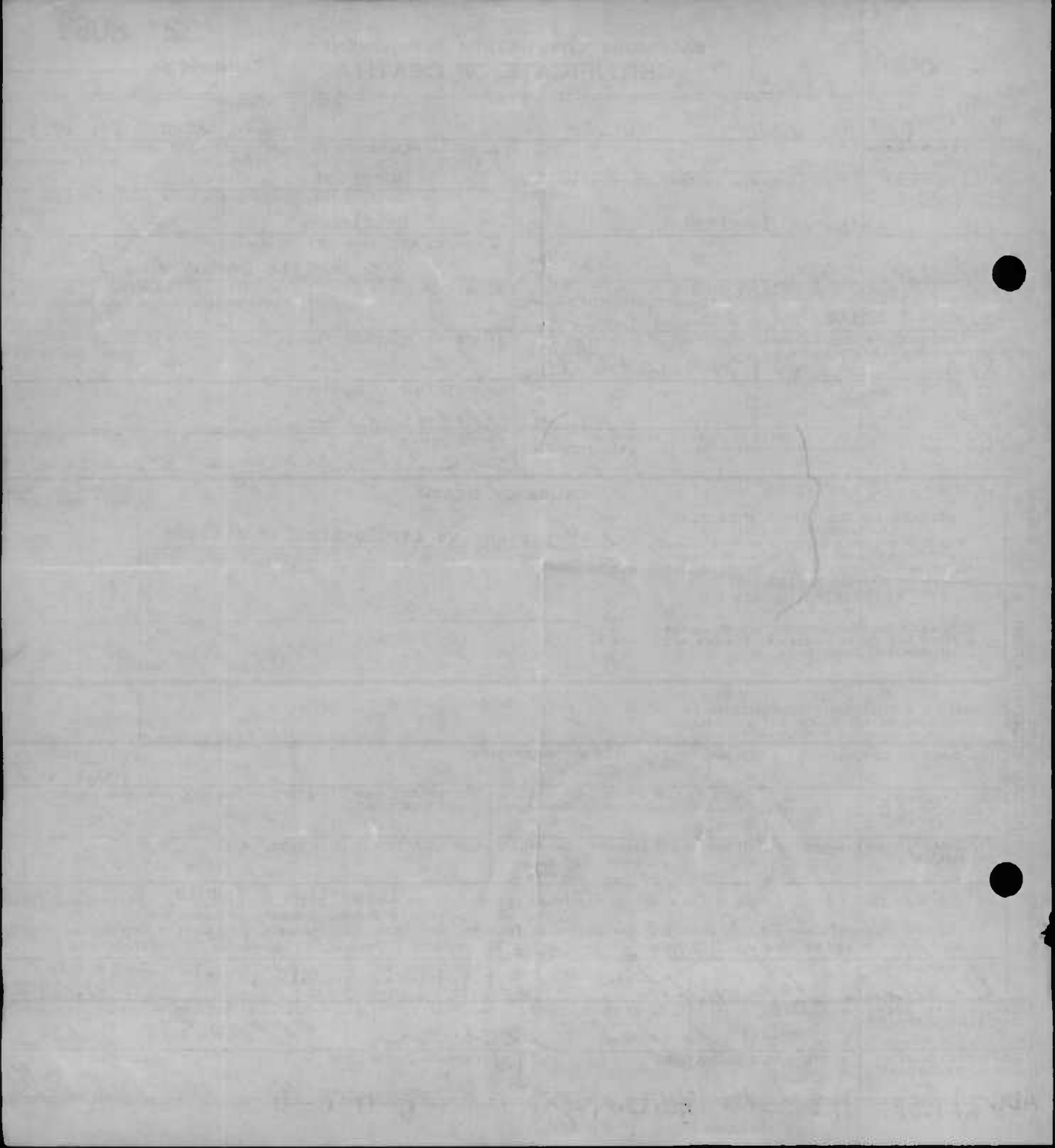
23A. SIGNATURE William V. Lewis		23B. CHIEF MEDICAL EXAMINER..... <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input type="checkbox"/> M.D. MEDICAL INVESTIGATOR..... <input type="checkbox"/>		23C. DATE SIGNED Aug. 30, 1952	
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 8-31-52		24C. NAME OF CEMETERY OR CREMATORY Mt Carmel		24D. LOCATION (City, town, or county) (State) Balto Md	
--	--	-----------------------------	--	--	--	--	--

DATE RECEIVED BY LOCAL REGISTRAR AUG 31 1952		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR Jack Lewis		ADDRESS 2100 Euter R	
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MEDICAL CERTIFICATION

correct age is 63 - very important. I physicians, please write the cause of death clearly and legibly.



W-656
52 8070BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 8070
Registered No.

BIRTH NO.		
1. NAME OF DECEASED (Type or Print) DAVID F. WOERNER		
2. DATE OF DEATH Aug. 29, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland		
B. FULL NAME OF (If not in hospital or institution, give street address or location) 5914 Marluth Ave.		
C. Length of stay in Baltimore Yrs. Mos. Days		
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY		
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
D. STREET ADDRESS (If rural, give location) 5914 Marluth Ave. 26-01		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) optician		10B. KIND OF BUSINESS OR INDUSTRY Schumacher & Foreman
11. BIRTHPLACE (State or foreign country) Balto., Md.		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME George F. Woerner		14. MOTHER'S MAIDEN NAME Ida Hoffman
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.
17. INFORMANT Mrs. D. F. Woerner, 5914 Marluth Ave. Balto		ADDRESS 6
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary thrombosis DUE TO Coronary Artery Disease INTERVAL BETWEEN ONSET AND DEATH 20 min. 2 yrs.		
19. DATE OF OPERATION 0		
19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY		
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 8-29, 1952 to 8-29, 1952 , that I last saw the deceased alive on 8-29, 1952 , and that death occurred at 7:30 p.m. , from the causes and on the date stated above.		
23A. SIGNATURE Max R. English		
23B. ADDRESS 5713 Belair Rd		
23C. DATE SIGNED 8-30-52		
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		
24B. DATE Sept. 2, 1952		
24C. NAME OF CEMETERY OR CREMATORY Jerusalem Luth. Cemetery		
24D. LOCATION (City, town, or county) (State) Balto., Md.		
25. FUNERAL DIRECTOR Huntington Williams, M.D.		
ADDRESS 7401 Belair Rd.		
AUG 31 1952 VS 150		

MEDICAL CERTIFICATION

19520563684007

T-520
52 8071BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 8071
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Thomas, Miss Louisa O.</i>		2. DATE OF DEATH <i>August 30, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Baltimore, Maryland</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i>		B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Home For Incurables, 700 W. 40th St</i>		C. CITY OR TOWN <i>Baltimore</i>		D. STREET ADDRESS (If rural, give location) <i>- Plaza Gts 14-01</i>	
5. Length of stay in Baltimore <i>35 years</i>		Yrs. Mos. Days		6. DATE OF BIRTH <i>Dec. 20, 1875</i>	
5. SEX <i>Female</i>		6. COLOR OR RACE <i>White</i>		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>none</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>-</i>		11. BIRTHPLACE (State or foreign country) <i>Maryland, St Marys Co.</i>	
13. FATHER'S NAME <i>George Thomas</i>		14. MOTHER'S MAIDEN NAME <i>Ellen Ogle Beall</i>		12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>-</i>		17. INFORMANT <i>Laura Fischer RN</i>	
18. <i>420.1 and 170X</i>		CAUSE OF DEATH <i>Coronary Thrombosis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>13 Days.</i>	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		DUE TO (A) <i>Coronary Thrombosis</i>		13 Days.	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO (B) <i>Potential Intertricular Septum?</i>		76 yrs?	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		C) <i>Carcinoma Left Breast (Inoperable)</i>		1 year	
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Feb. 5, 1952</i> to <i>Aug. 30, 1952</i> , that I last saw the deceased alive on <i>Aug. 29, 1952</i> , and that death occurred at <i>2:30 a.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>W. Hutton Verapen</i>		23B. ADDRESS <i>214 Medical Arts Bldg.</i>		23C. DATE SIGNED <i>8/30/52</i>	
24A. BURIAL, CREMATION, OR REMOVAL (Specify)		24B. DATE <i>9/1/52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Trinity Church</i>	
24D. LOCATION (City, town, or county) (State) <i>St. Marys City Md</i>		25. FUNERAL DIRECTOR <i>Wm Cook Inc. 1217 St. Paul St.</i>		ADDRESS	
DATE RECEIVED BY LOCAL REGISTRAR <i>AUG 31 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>Wm Cook Inc. 1217 St. Paul St.</i>	

August 1, 1972

Washington, D.C.

Dear Mr. [Name]

Enclosed for you are [Number] copies of [Document Name]

as requested.

Sincerely,

[Signature]

Washington, D.C.

John [Name]

[Signature]

John [Name]

Washington, D.C.

John [Name]

Washington, D.C.

RS-52 16
52 8072

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____		1. NAME OF DECEASED (Type or Print) Mr. Gilbert Redifer		2. DATE OF DEATH 8-29-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY _____			
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Agnes Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
D. LENGTH OF STAY IN BALTIMORE 40 Years		D. STREET ADDRESS (If rural, give location) 2451 Washington Blvd. 25-43			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 1216, 1911		9. AGE (In years last birthday) 40
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Foreman Walk Glass Factory		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME John		14. MOTHER'S MAIDEN NAME Mary Gibson			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. _____		17. INFORMANT St. Agnes Hospital ADDRESS _____	
18. 415X I		CAUSE OF DEATH			INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)		(A) Pericarditis DUE TO Rheumatic C. V. Disease			
ANTECEDENT CAUSES		(B) _____			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO (C) _____			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION ✓		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 8-28 , 19 52 , to 8-29 , 19 52 that I last saw the deceased alive on 8-29 , 19 52 , and that death occurred at 11:55 A. , from the causes and on the date stated above.					
23A. SIGNATURE George Stettin		M. D. St. Agnes Hospital		23C. DATE SIGNED 8-29-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 9/2/52		24C. NAME OF CEMETERY OR CREMATORY Loudon Park	
24D. LOCATION (City, town, or county) Balto. Md.		24E. LOCATION (State) Balto. Md.			
DATE RECEIVED BY LOCAL REGISTRAR UG 31 1952		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR Wm. Cook Inc. 1217 St. Paul St.	
VS 150		52335			

MEDICAL CERTIFICATION

1951-52

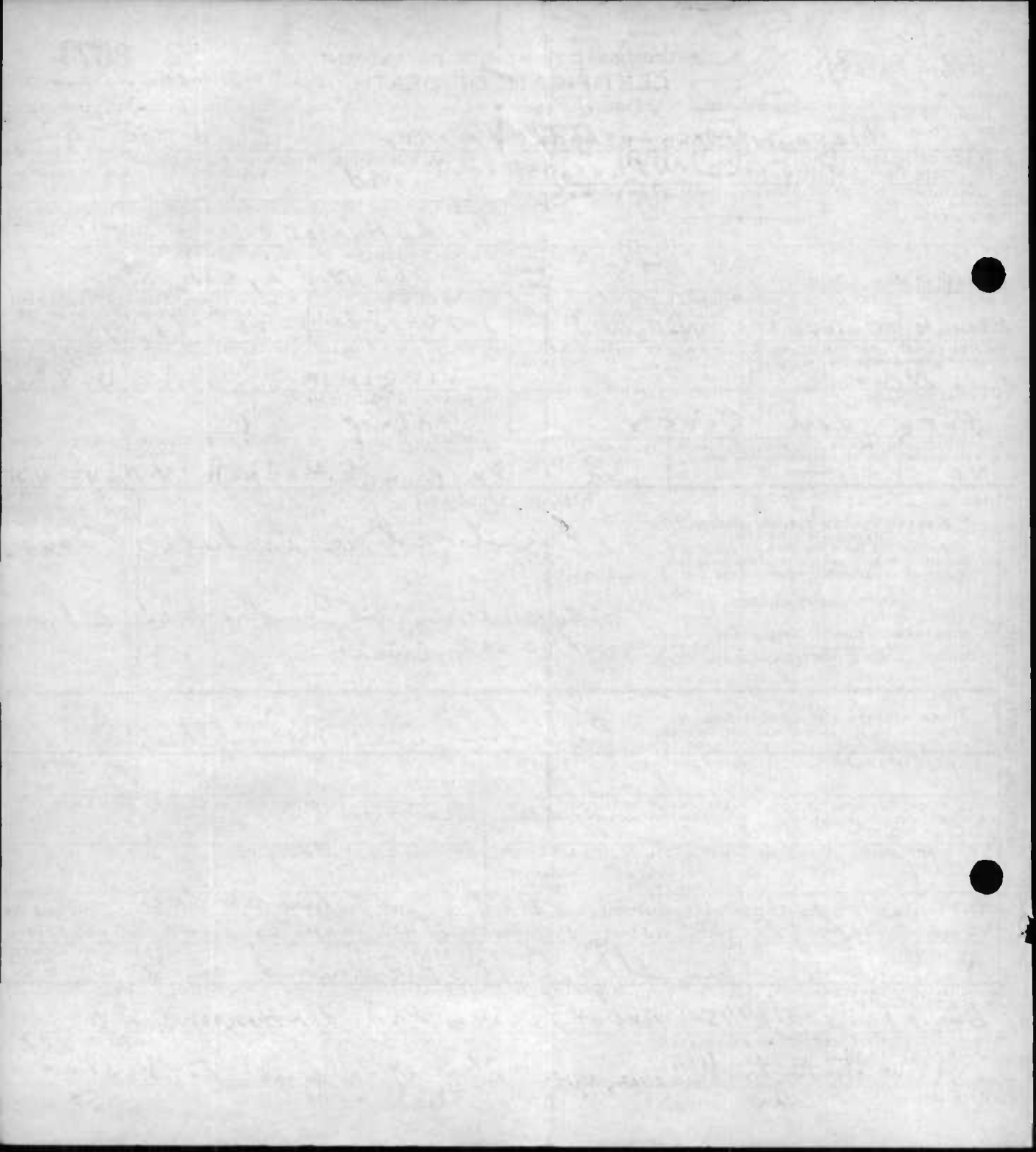
UNITED STATES DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY

1. Name of the plant or animal 2. Date of collection 3. Locality 4. Collector's name	5. Description of the specimen 6. Remarks	7. Distribution 8. Notes
9. Name of the plant or animal 10. Date of collection 11. Locality 12. Collector's name	13. Description of the specimen 14. Remarks	15. Distribution 16. Notes
17. Name of the plant or animal 18. Date of collection 19. Locality 20. Collector's name	21. Description of the specimen 22. Remarks	23. Distribution 24. Notes
25. Name of the plant or animal 26. Date of collection 27. Locality 28. Collector's name	29. Description of the specimen 30. Remarks	31. Distribution 32. Notes

P. 626
52 8073BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHDr. Chissey
52 8073
Registered No.

1. NAME OF DECEASED (Type or Print) Missouri (Miesaura) W. Parker		2. DATE OF DEATH 8-28-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland 702 N. Payson St		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 16-04	
D. STREET ADDRESS (If rural, give location) 702 N. Payson St		E. LENGTH OF STAY IN BALTIMORE 35 Yrs. 35 Days	
5. SEX FEMALE	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 7-19-1876
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 76
13. FATHER'S NAME Burg verss Coles		11. BIRTHPLACE (State or foreign country) Virginia	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) NO		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME MARY ?	
17. INFORMANT Raymond E. Hodnett		ADDRESS 702 N. Payson St	
18. 442X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Hemorrhage		CAUSE OF DEATH (A) Cerebral Hemorrhage DUE TO (B) Hypertensive Cardis - vascular - Arteriosclerosis DUE TO Renal disease (C)	
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION Cachectic & malnutrition	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from Oct 19 50 to Aug 28 , 19 52 , that I last saw the deceased alive on Aug 27 , 19 52 , and that death occurred at 7 A. M. , from the causes and on the date stated above.	
23A. SIGNATURE H. Harland Churchill		23B. ADDRESS 1038 Edmondson	
23C. DATE SIGNED 8-30-52		24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
24B. DATE 8-31-1952		24C. NAME OF CEMETERY OR CREMATORY Arbutus Mem. PK.	
24D. LOCATION (City, town, or county) (State) Baltimore Co.		25. FUNERAL DIRECTOR Rayner Sanders	
DATE RECEIVED BY LOCAL REGISTRAR AUG 31 1952		REGISTRAR'S SIGNATURE Huntington Williams	
ADDRESS 217 ST		ADDRESS 217 ST	

MEDICAL CERTIFICATION



52 8074

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 8074
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Elizabeth Pless</i>		2. DATE OF DEATH <i>August 30, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <i>N.Y.</i> B. COUNTY <i>V-29</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>New York</i>	
D. STREET ADDRESS (If rural, give location) <i>100 W. 105th St.</i>		E. DATE OF BIRTH <i>10-30-16</i>	
F. AGE (In years last birthday) <i>35</i>		G. Under 1 Year Months: Days: Hours: Min.	
H. Under 24 hours Hours: Min.		I. CITIZEN OF WHAT COUNTRY?	
5. SEX <i>Female</i>		6. COLOR OR RACE <i>White</i>	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>		8. DATE OF BIRTH <i>10-30-16</i>	
9. AGE (In years last birthday) <i>35</i>		10. CITIZEN OF WHAT COUNTRY?	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>		ADDRESS	

18. <i>410X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Mitral Stenosis & Aortic Stenosis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>15 years</i>
(A) DUE TO		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Rheumatic Heart Disease</i>		24 years
(B) DUE TO		
(C) DUE TO		

19. DATE OF OPERATION <i>Aug 29, 1952</i>		19B. MAJOR FINDINGS OF OPERATION <i>Mitral Stenosis & Aortic Stenosis</i>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from *8-25*, 1952, to *8-30*, 1952, that I last saw the deceased alive on *8-30*, 1952, and that death occurred at *9:15 P.M.*, from the causes and on the date stated above.

23A. SIGNATURE <i>Monet Harold Kay</i>		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>Aug 30, 52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>REMOVAL</i>		24B. DATE <i>AUG. 31, 1952</i>		24C. NAME OF CEMETERY OR CREMATORY <i>CALVARY CEM.</i>	
24D. LOCATION (City, town, or county) <i>NEW YORK CITY</i>		24E. NAME OF CEMETERY OR CREMATORY <i>CALVARY CEM.</i>		24F. LOCATION (City, town, or county) <i>NEW YORK CITY</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>AUG 31 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>Williams & Co.</i>	
ADDRESS <i>1217 ST. PAUL ST.</i>		ADDRESS		ADDRESS	

1900

CERTIFICATE OF DEATH

Name of Deceased		Age		Sex	
Date of Death		Time of Death		Place of Death	
Cause of Death		Disease		Signature of Physician	
Signature of Registrar		Signature of Coroner		Signature of Minister	
Signature of Undertaker		Signature of Burial		Signature of Interment	
Signature of Family		Signature of Friends		Signature of Community	
Signature of Church		Signature of Society		Signature of Association	
Signature of Union		Signature of League		Signature of Order	
Signature of Lodge		Signature of Chapter		Signature of Temple	
Signature of Shrine		Signature of Council		Signature of District	
Signature of Division		Signature of Region		Signature of Territory	
Signature of State		Signature of Nation		Signature of World	

52 8075

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 8075
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Willy Bailey

2. DATE
OF
DEATH

8-30-52

3. PLACE OF DEATH

A. Baltimore City, Maryland Balto. City

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE Maryland

B. COUNTY before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Solus Hopkins Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

6-05

D. STREET ADDRESS (If rural, give location)

1515 East Fayette Street

Length of stay in Baltimore

10 Yrs.

Yrs.
Mos.
Days

5. SEX

Male Col.

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Sept. 19, 1928

9. AGE (In years last birthday)

24

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR INDUSTRY

Construction

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Richard Bailey

14. MOTHER'S MAIDEN NAME

Elnora Bailey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Richard Bailey 1303 1/2 May St

18. 353.3 and E 845 X
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) Skull Fracture

DUE TO

ANTECEDENT CAUSES

(B) Subdural Hemorrhage

DUE TO

(C) Confusion of Brain

INTERVAL BETWEEN ONSET AND DEATH

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

Street

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

100 block N. Washington St.

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

August 27, 1952

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Fell off step of wagon during epileptic fit.

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William J. Smith

23B. CHIEF MEDICAL EXAMINER.....

23C. DATE SIGNED

M.D.

MEDICAL INVESTIGATOR.....

8-31-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

9/3/1952

Odd Fellows Cwm

Farmville Va.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

AUG 31 1952

N-803.0

97024

Ehoy O. Wilson 1000 Brantley Ave

8-20-32

CONTINUED OF DATA

8-20-32

July 1931

July 1931

July 1931

July 1931

July

July

July 1931

8-20-32

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 8076
Registered No.

452
52 8076
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Joseph Blankman			2. DATE OF DEATH 8/30/52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION Sinai Hosp. of Baltimore, Inc.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 15-12		
D. STREET ADDRESS (If rural, give location) 2901 Rockrose Ave.			E. LENGTH OF STAY IN BALTIMORE 46 <div style="display: flex; justify-content: space-between;"><div>Yrs. Mos. Days</div><div></div></div>		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 1/5/06		9. AGE (in years last birthday) 46
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clothing Manufacturer Clothing			10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13. FATHER'S NAME Symon		
14. MOTHER'S MAIDEN NAME Hannah			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		
16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS Sade Blankman - same		

18. 151X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Carcinomatosis DUE TO (B) Carcinoma of Stomach DUE TO (C) None.		INTERVAL BETWEEN ONSET AND DEATH 2 Mos.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 8/8/52		19B. MAJOR FINDINGS OF OPERATION Carcinomatosis		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 7/26/52 , 19 52 to 8/30 , 19 52 that I last saw the deceased alive on 8/30 , 19 52 and that death occurred at 9:30 p. m. , from the causes and on the date stated above.					
23A. SIGNATURE Stanley C. Rubinitz		23B. ADDRESS Sinai Hosp. of Balto.		23C. DATE SIGNED 8/30/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 9-1-52		24C. NAME OF CEMETERY OR CREMATORY Urlington	
24D. LOCATION (City, town, or county) (State) Balto Md		25. FUNERAL DIRECTOR Jack Lewis Inc 2100 Eutaw		26. ADDRESS	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		27. ADDRESS	

2708 52

RECEIVED
HEADQUARTERS
U.S. AIR FORCE

1954

1954

1954

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1954

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1954

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1954

1954

1954

1954

1954

351

CERTIFICATE CORRECTED 12-3-52

52 8077

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 8077
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Gussie Rothenberg

2. DATE
OF
DEATH

Aug 31, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Oak 3

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

Md

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

27-16

D. STREET ADDRESS (If rural, give location)

2918 Oakford Ave.

C. Length of stay in Baltimore

40

Yrs.

Mos.

Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

1890

4-8-27

9. AGE (In years last birthday)

75 62

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Austria

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Not known

14. MOTHER'S MAIDEN NAME

Not known

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
JOHNS HOPKINS HOSPITAL

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

24 hr

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

Myocardial Infarct

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Hypertensive Arteriosclerotic Cardiovascular disease

DUE TO

(C)

Not known

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK

NOT WHILE AT WORK

22. I hereby certify that I attended the deceased from 8/30, 1952, to 8/31, 1952, that I last saw the deceased alive on 8/31, 1952, and that death occurred at 4:32 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

John R. Hendrix

M. D.

JOHNS HOPKINS HOSPITAL

8/31/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

9-1-52

Rosedale

Balto, Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Jack Lewis

2100 Entaw Pl

1707 S

CERTIFICATE OF DEATH

1707 S

1707 S

1707 S

1707 S

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361
52 8078

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 8078
Registered No.1. NAME OF DECEASED
(Type or Print)

CHARLES JOHN RITTERHOFF

2. DATE
OF
DEATH

Aug. 28, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

3510 Denison Road

Yrs.
Mos.
Days

Length of stay in Baltimore

Life

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3510 Denison Road

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

May 7, 1888

9. AGE (In years
last birthday)

64

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Plumber

10B. KIND OF BUSINESS OR
INDUSTRY

Plumbing & Heating Baltimore, Md.

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Ernest Ritterhoff

14. MOTHER'S MAIDEN NAME

Anna Lowmiller

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

212-14.3280

17. INFORMANT 3510 Denison Road - 15
Mrs. Carrie E. Ritterhoff

18. 331 X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Cerebral Hemorrhage

8-27-52

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Gen. Arteriosclerosis

?

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.(C) Cerebral Hemorrhage
Rt. hemiplegia

9-9-51

9-9-51

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., In or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-1-1952 to 8-28-1952 that I last saw the
deceased alive on 8-28-1952 and that death occurred at 5:45 P.M. from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

3105 N. Charles St. 18

8-30-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

9/1/52

24C. NAME OF CEMETERY OR CREMATORY

Parkwood Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

HENRY SANDER & SONS, INC.

BALTO., 13, MD.

8708

UNITED STATES OF AMERICA
DEPARTMENT OF THE ARMY

OFFICE OF THE ADJUTANT GENERAL

WASHINGTON, D. C.

ADJUTANT GENERAL'S OFFICE

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ADJUTANT GENERAL'S OFFICE

416

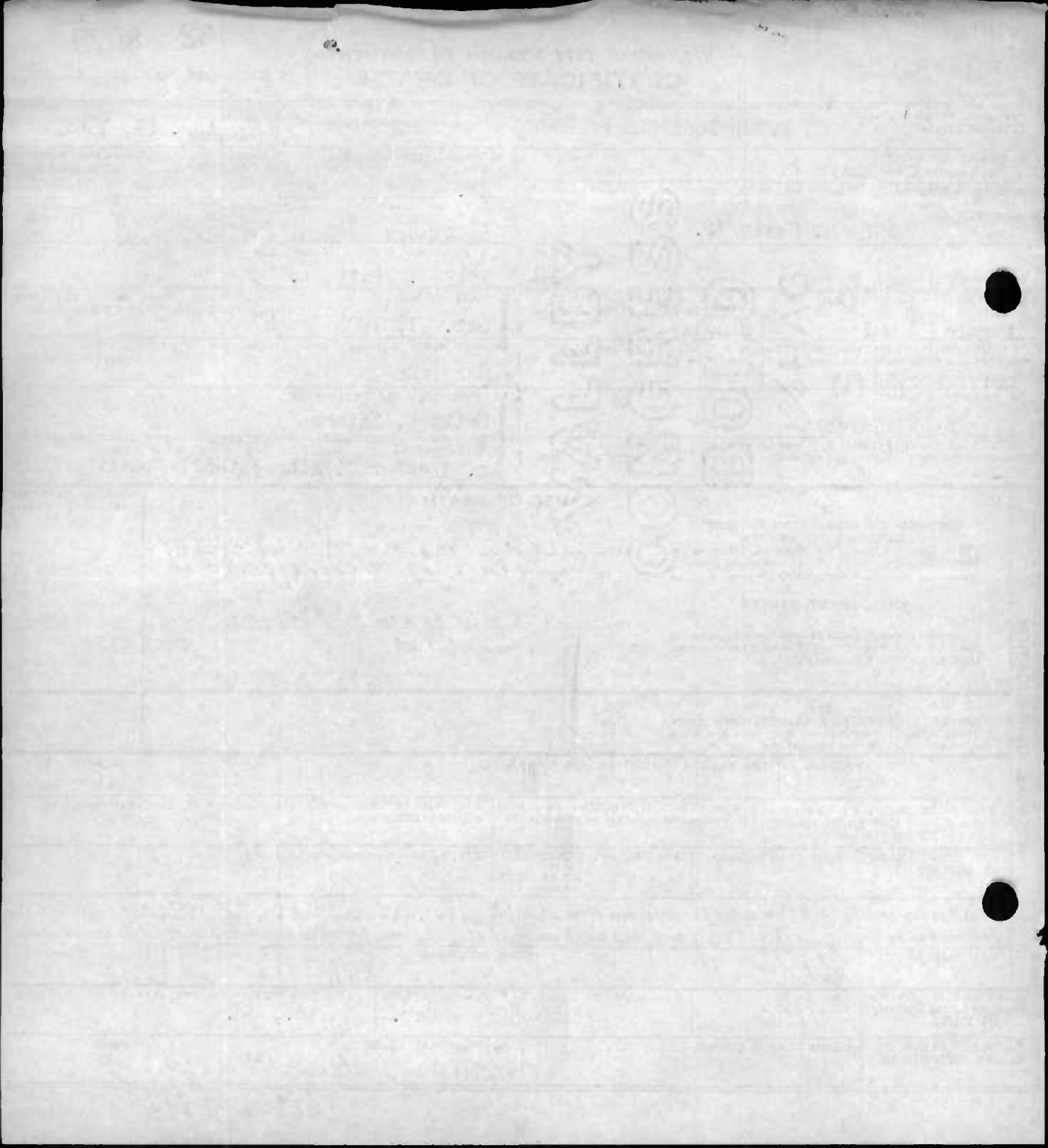
52 8079

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 8079

Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) ETHELIND LeCLAIRE ALBRECHT		2. DATE OF DEATH Aug. 29, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY			
5. FULL NAME OF HOSPITAL OR INSTITUTION 1943 W. Pratt St.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 20-03			
6. LENGTH OF stay in Baltimore female white single		D. STREET ADDRESS (If rural, give location) 1943 W. Pratt St.			
6. COLOR OR RACE		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH Oct. 31, 1904	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) never worked		10B. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years last birthday) 47 If Under 1 Year: Months: Days: Hours: Min.	
13. FATHER'S NAME Frederick Albrecht		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Katie E. Zaiser	
17. INFORMANT Mr. Chester C. Albrecht-821 Fidelity Bldg		ADDRESS			
18. 170X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma chest wall - Lungs & general metastases. DUE TO (A) Carcinoma Breast removed (B) removed (C) None		INTERVAL BETWEEN ONSET AND DEATH			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH			
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
2. I hereby certify that I attended the deceased from Aug 13, 1952 to Aug 29, 1952 that I last saw the deceased alive on Aug 29, 1952 and that death occurred at 10 A.M. , from the causes and on the date stated above.					
23A. SIGNATURE Walter A. Bacter		23B. ADDRESS 11015 Paul St		23C. DATE SIGNED Aug 29-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 9/1/52		24C. NAME OF CEMETERY OR CREMATORY Loudon Park Cem.	
24D. LOCATION (City, town, or county) (State) Balto., Md.		25. FUNERAL DIRECTOR Wm. J. Pickner & Sons Balto 17, Md.			
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		ADDRESS	



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 8080

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) GEORGE G. RUPPERSBERGER JR.		2. DATE OF DEATH AUG. 30, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE MARYLAND B. COUNTY BALTIMORE CITY	
B. FULL NAME OF HOSPITAL OR INSTITUTION UNION MEMORIAL HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 27-12	
C. Length of stay in Baltimore 61 Yrs. <input type="checkbox"/> Mths. <input type="checkbox"/> Days		D. STREET ADDRESS (If rural, give location) 5309 ST. ALBANS WAY, 12	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH JAN. 28, 1891
10A. USUAL OCCUPATION (Give kind of work done during most of worklog life, even if retired) WHOLESALE MEAT Dealer		10B. KIND OF BUSINESS OR INDUSTRY Wholesale Meats	9. AGE (in years last birthday) 61
11. BIRTHPLACE (State or foreign country) MARYLAND		12. CITIZEN OF WHAT COUNTRY? _____	
13. FATHER'S NAME GEORGE G. RUPPERSBERGER SR.		14. MOTHER'S MAIDEN NAME MARY DOBERLER	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) UNKNOWN		16. SOCIAL SECURITY NO. _____	
17. INFORMANT _____		ADDRESS _____	

18. 420.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
(A) Myocardial infarction		DUE TO	
ANTECEDENT CAUSES		(B) Hypertensive arteriosclerotic heart disease	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO	
(C) _____			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDER- Lying <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **AUG. 23, 1952** to **AUG. 30, 1952** that I last saw the deceased alive on **AUG. 30, 1952**, and that death occurred at **355 P. M.**, from the causes and on the date stated above.

23A. SIGNATURE Harold S. Green, Jr.		23B. ADDRESS Union Memorial Hosp.		23C. DATE SIGNED 8-30-52
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Sept 2, 1952	24C. NAME OF CEMETERY OR CREMATORY Oaklawn Cemetery	24D. LOCATION (City, town, or county) (State) Baltimore, Md.	
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR Wm. J. Ticknor & Son		
		ADDRESS W. J. Ticknor & Son		

1 9 5 2 9 9 6 3 8 0 7 7

APR 10, 1947

GEORGE W. SUPPLEMENTAL

MARYLAND BALTIMORE CITY

BALTIMORE

UNION MEMORIAL HOSPITAL

AT 2200 OF ALBANY WAY, 12

TO 1946, 1947

MARYLAND

UNION MEMORIAL HOSPITAL

GEORGE W. SUPPLEMENTAL

UNION MEMORIAL HOSPITAL

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UNION MEMORIAL HOSPITAL

CERTIFICATE CORRECTED 9-3-52

52 8081

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 52 8081

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Dorothy Elizabeth Baker			2. DATE OF DEATH August 31, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Hood Convalescent Home 5313 Edmondson Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 16-07		
D. STREET ADDRESS (If rural, give location) 1207 Oakhurst Place			E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 26, 1883		9. AGE (In years last birthday) 68
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Virginia		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Alexander J. Martin			14. MOTHER'S MAIDEN NAME Sarah Jane Bartlett		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) None		16. SOCIAL SECURITY NO. None	17. INFORMANT ADDRESS Mr. Frank Baker, Sr. 1207 Oakhurst Place		

18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Broncho - Pneumonia		INTERVAL BETWEEN ONSET AND DEATH 4 days
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Hypertension C-V-D Hemiplegia		20 years 9 years
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **7/30**, 19**51**, to **8/31**, 19**52**, that I last saw the deceased alive on **8/30**, 19**52**, and that death occurred at **10 A. m.**, from the causes and on the date stated above.

23A. SIGNATURE Leon Belman	M. D.	23B. ADDRESS 1201 Cedar Lane St	23C. DATE SIGNED 9/1/52
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Sept. 2, 1952	24C. NAME OF CEMETERY OR CREMATORY Loudon Park	24D. LOCATION (City, town, or county) (State) Baltimore, Md.
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DATE RECEIVED BY LOCAL REGISTRAR SEP 1 1952	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR Wm. J. Tuckner & Son	ADDRESS Not a funeral home
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BARTHOLOMEW CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1. NAME OF DECEASED <i>John Doe</i>		2. SEX <i>Male</i>	
3. AGE <i>45</i>		4. DATE OF BIRTH <i>1935-10-15</i>	
5. PLACE OF BIRTH <i>New York City</i>		6. OCCUPATION <i>Teacher</i>	
7. MARITAL STATUS <i>Married</i>		8. DATE OF MARRIAGE <i>1960-05-20</i>	
9. NAME OF SPOUSE <i>Jane Doe</i>		10. ADDRESS <i>123 Main St, New York, NY 10001</i>	
11. CAUSE OF DEATH <i>Heart Disease</i>		12. PLACE OF DEATH <i>Home</i>	
13. DATE OF DEATH <i>1980-11-10</i>		14. TIME OF DEATH <i>10:30 AM</i>	
15. SIGNATURE OF DECEASED <i>[Signature]</i>		16. SIGNATURE OF WITNESS <i>[Signature]</i>	
17. SIGNATURE OF PHYSICIAN <i>[Signature]</i>		18. SIGNATURE OF CORONER <i>[Signature]</i>	
19. SIGNATURE OF REGISTRAR <i>[Signature]</i>		20. SIGNATURE OF CLERK <i>[Signature]</i>	

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52 8083

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 8083

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

SISTER MARY VINCENTIA MATHEWS R.S.M.

2. DATE
OF
DEATH

Aug. 30, 52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY

Md. Baltimore

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Mercy Hosp.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

Mt. St. James 27-15

Length of stay in Baltimore

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

S

8. DATE OF BIRTH

1890

9. AGE (In years
last birthday)

62

10. Under 1 Year
Months Days11. Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Religious

10B. KIND OF BUSINESS OR
INDUSTRY

Religious

11. BIRTHPLACE (State or foreign country)

Wash. D.C.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Wm. H. Mathews

14. MOTHER'S MAIDEN NAME

Eleanor Craig

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

None

17. INFORMANT

ADDRESS

Mercy Hospital Records

18. 175x

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) INANITION

DUE TO

6-8 hrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) METASTATIC CA. OVARIES

DUE TO

7mo

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from July 30, 1952 to Aug 30, 1952 that I last saw the
deceased alive on Aug. 30, 1952 and that death occurred at 9:05 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

9/2/52

24C. NAME OF CEMETERY OR CREMATORY

Mt. St. Agnes Convent Cemetery Mt. Washington Balto. Md.

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 1 1952

Huntington Williams, MD

H. H. Pearson & Son 805 N. Calvert St

VS 150

1950488W 08000

MEDICAL CERTIFICATION

1898

1030 987

610

MURPHY
BALTIMORE CITY HEALTH DEPARTMENT

52-8084
Registered No. 8084

52-8084 52-19986
BIRTH NO. 8084
CERTIFICATE OF DEATH

1. NAME OF DECEASED (Type or Print) <i>Baby Boy Murphy</i>		2. DATE OF DEATH <i>Aug 29/52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Baltimore</i> B. COUNTY <i>Baltimore</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Quincy Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
C. Length of stay in Baltimore Yrs. <i>0</i> Mos. <i>0</i> Days <i>0</i>		D. STREET ADDRESS (If rural, give location) <i>Baltimore 5355</i>	
5. SEX <i>M</i>	6. COLOR OR RACE <i>W.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>8/29/52</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <i>1</i> II Under 1 Year Months: Days: <i>1</i> II Under 24 Hours Hours: Min.
11. BIRTHPLACE (State or foreign country) <i>Baltimore Md.</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>Frank J. Murphy</i>		14. MOTHER'S MAIDEN NAME <i>Frances Schmidt</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT		ADDRESS	

18. 754.4 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <i>Congenital Cong. heart anomaly</i> (A) DUE TO <i>Cardiac - sup. failure</i> (B) DUE TO (C)	CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION <i>0</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <i>8/29/52</i> , 19 <i>52</i> , to <i>8/30</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>8/30</i> , 19 <i>52</i> , and that death occurred at <i>4 P.M.</i> , from the causes and on the date stated above.		
23A. SIGNATURE <i>Dr. J. J. J. J.</i>	23B. ADDRESS <i>Quincy Hospital</i>	23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>9/1/52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>New Cathedral</i>	24D. LOCATION (City, town, or county) (State) <i>Baltimore, Md.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>SEP 1 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, MD.</i>	25. FUNERAL DIRECTOR <i>H. W. Munro & Son 805 N. Calvert St.</i>	

MEDICAL CERTIFICATION

10/21/02

516
52 8085BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 8085

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

JOHNS HOPKINS HOSPITAL

Yrs.
Mos.
Days

C. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birth/day)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 525X I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A) Interstitial Pulmonary Fibrosis

INTERVAL BETWEEN
ONSET AND DEATH

2 yrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-30-1952 to 8-30-1952 that I last saw the
deceased alive on 8-30-1952 and that death occurred at 12:30 P.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

JOHNS HOPKINS HOSPITAL

8/30/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 1 1952

VS 150

MEDICAL CERTIFICATION

1. Name of deceased: *John Henry Smith*

2. Sex: *M*

3. Date of birth: *10/15/1892*

4. Place of birth: *St. Louis, Mo.*

365
52 8086

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 8086
Registered No.

1. NAME OF DECEASED (Type or Print) ROBERT WARD STRAN		2. DATE OF DEATH AUGUST 30, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 1534 N. Wolfe St		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 8-06	
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 1534 N. Wolfe St.	
5. SEX MALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec. 3 - 1886
9. AGE (in years last birthday) 65		10. Under 1 Year: Months: Days; Under 24 Hours: Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cloth Examiner		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Robert W Stran		14. MOTHER'S MAIDEN NAME ?	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO. 212-03-5030	
17. INFORMANT MR John A. Rossi		ADDRESS 1534 N. Wolfe	
18. 442x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Respiratory failure DUE TO myocardial insufficiency DUE TO Hypertensive cardiovascular renal disease		INTERVAL BETWEEN ONSET AND DEATH	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Aug 25 , 19 52 , to Aug 30 , 19 52 , that I last saw the deceased alive on Aug 29 , 19 52 , and that death occurred at 11:50 A.M. , from the causes and on the date stated above.			
23A. SIGNATURE D. Shorofsky M.D.		23B. ADDRESS 4734 Park Heights Ave.	
23C. DATE SIGNED 8/30/52			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 9/2/52	
24C. NAME OF CEMETERY OR CREMATORY Bowdon Park		24D. LOCATION (City, town, or county) (State) BALTO Md.	
25. FUNERAL DIRECTOR Huntington Williams, M.D.		ADDRESS 5305 HARFORD	

MEDICAL CERTIFICATION

19520008005

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

LEWIS F. HEWITT

2. DATE
OF
DEATH

Aug. 30, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

3600 White Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

27-44

D. STREET ADDRESS (If rural, give location)

3600 White Avenue

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
single

8. DATE OF BIRTH

Oct. 2, 1883

9. AGE (In years last birthday)

68

If Under 1 Year Months Days
If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Painter

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Joseph A. Hewitt

14. MOTHER'S MAIDEN NAME

Rachel Anna Cathers

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.
218-01-3969

17. INFORMANT ADDRESS
Mr. John Everd, 3600 White Avenue

18. **163X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Carcinomatous (lungs)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE AT ☐ WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Jan 7, 1952** to **Aug. 30, 1952** that I last saw the deceased alive on **Aug. 30, 1952** and that death occurred at **6 P. M.** from the causes and on the date stated above.

23A. SIGNATURE

Jack J. Singer

M. D.

23B. ADDRESS

5052 North Ave

23C. DATE SIGNED

9-1-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

9/3/52

24C. NAME OF CEMETERY OR CREMATORY

Glen Haven Cem.

24D. LOCATION (City, town, or county) (State)

Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

Leonard J. Ruck, 5305 Harford Road.

SEP 1 1952

Dr. Singer
506 W. E. North Ave.
18-11:30
Mon

52 8088

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 151x

Registered No. 52 8088

1. PLACE OF DEATH:

- (a) Baltimore City, Maryland
- (b) Street address 2832 W. Mulberry St.
- (c) Hospital or institution:

- (d) Length of stay in hospital or inst. (yrs., mos., or days)
- (e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs.

2. USUAL RESIDENCE OF DECEASED:

- (a) State md. (b) County
- (c) City or town Baltimore 20-02
(If outside city or town limits, write RURAL and give town)
- (d) Street No. 2832 W. Mulberry St.
(If rural give location)
- (e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME

Dorothea Rosorius

3 (b) If veteran, name war

NO

3 (c) Social Security Account

NO

4. Sex female 5. Color or race white 6 (a) Single, married, widowed, or divorced. widowed

- 6 (b) Name of husband or wife Christian Rosorius
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)
- Feb. 22, 1873

8. AGE: Years 79 Months Days If less than one day
hr. min.

9. Birthplace Germany
(Town, county, and state)

10. Usual Occupation
- Home

11. Industry or business
- "

12. Name
- JOSEPH LENK

13. Birthplace

14. Maiden Name
- CATACCINA ECKETHAER

15. Birthplace

- 16 (a) Informant
- KARL ROSORIUS

- (b) Address 2832 W. Mulberry St
BURIAL (b) Date thereof 9/2/52
(Burial, cremation, or removal) (month) (day) (year)

- (c) Cemetery or crematory London Park
Location BALTO. MD.

- 18 (a) Funeral director
- J. T. STANSBURY

- (b) Address
- 2700 EDMONDSON AVE.

- 19 (a) SEP 2 1952 Huntington Williams, MD
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH
- Aug 31
- 19
- 52
- , at
- 1:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 1952, to Aug 31 1952 and that I last saw him alive on Aug 30 1952

Immediate cause of death

- Carcinoma of Stomach 1 yr.
Due to

Due to

Other Conditions

- Cachexia
(Include pregnancy within 3 months of death)

- Date of operation
- May 1952

Major findings of operation:

- Carcinoma of stomach
of autopsy:

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide
- (b) Date of occurrence at M
- (c) Where did injury occur? (City or town) (County) (State)
- (d) Did injury occur about home, on farm, industrial place, in public place? While at work?
- (Specify type of place)

- (e) Means of injury

23. Signature Geo C. Wells M. D.
Address 4100 Edmondson Ave. Date signed 8-31-52

PHYSICIAN

Underline the cause to which death should be charged statistically.

INSTRUCTIONS FOR MEDICAL CERTIFICATION

WHAT IS A "CAUSE OF DEATH"?

For the death certificate, a cause-of-death statement should involve only those disease entities which have contributed to the death. Symptoms or findings are not wanted except as they are needed in determining the underlying cause of death.

DEFINITION OF IMMEDIATE CAUSE OF DEATH:

The last of a series of disease entities which contribute to a death will be known as the immediate cause of death. When there is only one disease entity present, this becomes the immediate cause of death.

DEFINITION OF UNDERLYING CAUSE OF DEATH:

The disease entity which initiates the series of disease entities resulting in death will be known as the underlying cause of death. When there is only one disease entity present, the underlying cause of death and the immediate cause of death are considered to be identical. The underlying cause of death should be written in the space following the words *due to* and should be stated in reverse order of occurrence from the immediate cause of death.

If there is more than one cause contributing to the death, the physician is expected to underline that **particular ONE**

cause to which, in his opinion, the death should be charged for purpose of statistical tabulation.

DEFINITION OF OTHER CONDITIONS:

Other conditions, existing coincidentally, which might have contributed to the risk of dying, but are not related to any clear-cut manner to the immediate or underlying cause of death, should be given under this item. Pregnancy within 3 months of death should be included because so many times causes of maternal death are missed unless this information is noted.

If operation or autopsy findings exist, the physician is requested to list the major conditions which have weight in deciding the underlying cause to which the death should be charged statistically.

For additional discussion of this subject see **PHYSICIANS' HAND-BOOK ON BIRTH AND DEATH REGISTRATION** issued by the U. S. Bureau of the Census. A copy of this booklet may be secured from the Baltimore City Health Department.

52 8089

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 8089
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Brother Angelus, C.F.X. (Francis T. Curry)</i>			2. DATE OF DEATH <i>8/30/52</i>		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Maryland</i> b. COUNTY		
b. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>Mt. St. Joseph's College</i> <i>4403 Frederick Avenue</i>			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i> <i>25-31</i>		
c. Length of stay in Baltimore <i>3</i> Yrs. Mos. Days			d. STREET ADDRESS (If rural, give location) <i>4403 Frederick Ave.</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>Feb. 15, 1899</i>	9. AGE (In years last birthday) <i>53</i>	10. Under 1 Year Months: Days Hours: Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Teacher</i>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Carrick, Ireland</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13. FATHER'S NAME <i>John Curry</i>			14. MOTHER'S MAIDEN NAME <i>Bridget Rockett</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>Unknown</i>		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <i>Brother Placidus 4403 Frederick Ave.</i>		

18. <i>443X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Central hemorrhage, multiple</i>		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Anterior choroidal hypertension CVD</i>		<i>? yrs.</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19a. DATE OF OPERATION <i>0</i>		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from *6/20*, 1952, to *8/29*, 1952 that I last saw the deceased alive on *8/29*, 1952 and that death occurred at *2:30 a.m.*, from the causes and on the date stated above.

23a. SIGNATURE <i>Herbert L. Swickas</i>	23b. ADDRESS <i>5305 East Drive</i>	23c. DATE SIGNED <i>8/30/52</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>	24b. DATE <i>9/1/52</i>	24c. NAME OF CEMETERY OR CREMATORY <i>New Cathedral</i>
24d. LOCATION (City, town, or county) <i>Baltimore Md</i>	25. FUNERAL DIRECTOR ADDRESS <i>CHAS F. EVANS & SON</i> <i>8298 V118 Mt. Royal Ave.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>SEP 2 1952</i>		
REGISTRAR'S SIGNATURE <i>Huntington Williams, MD</i>		

MEDICAL CERTIFICATION

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

308

52 8080

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 8080

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILLIAM H. SAUNDERS

2. DATE
OF
DEATH

Sept. 1, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Bon Secours Hospital

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

1837 W. Pratt Street

Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

August 12, 1887 65

9. AGE (in years
last birthday)11 Under 1 Year
Months: Days12 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

PAINTER

10B. KIND OF BUSINESS OR
INDUSTRY

SELF

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

None

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

CARRIE SAUNDERS 1837 W. Pratt St.

18. E914.6

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Electrocution

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

theater

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

Monroe Theater-1924 W. Pratt St. 20/3

21D. TIME (Month) (Day) (Year) (Hour)

Sept. 1, 1952

10:00 A.M.

21E. INJURY OCCURRED

WHILE AT
WORK ☒NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

Came in contact with live electric wire

22. I certify that I took charge of the remains described above, held an Inspection thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. B. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER.....☒
ASSISTANT MEDICAL EXAMINER.....☐
MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

Sept. 1, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

9-4-52

24C. NAME OF CEMETERY OR CREMATORY

London Park

24D. LOCATION (City, town, or county)

BALTIMORE Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

GEO. L. Schwab 910 Frederick

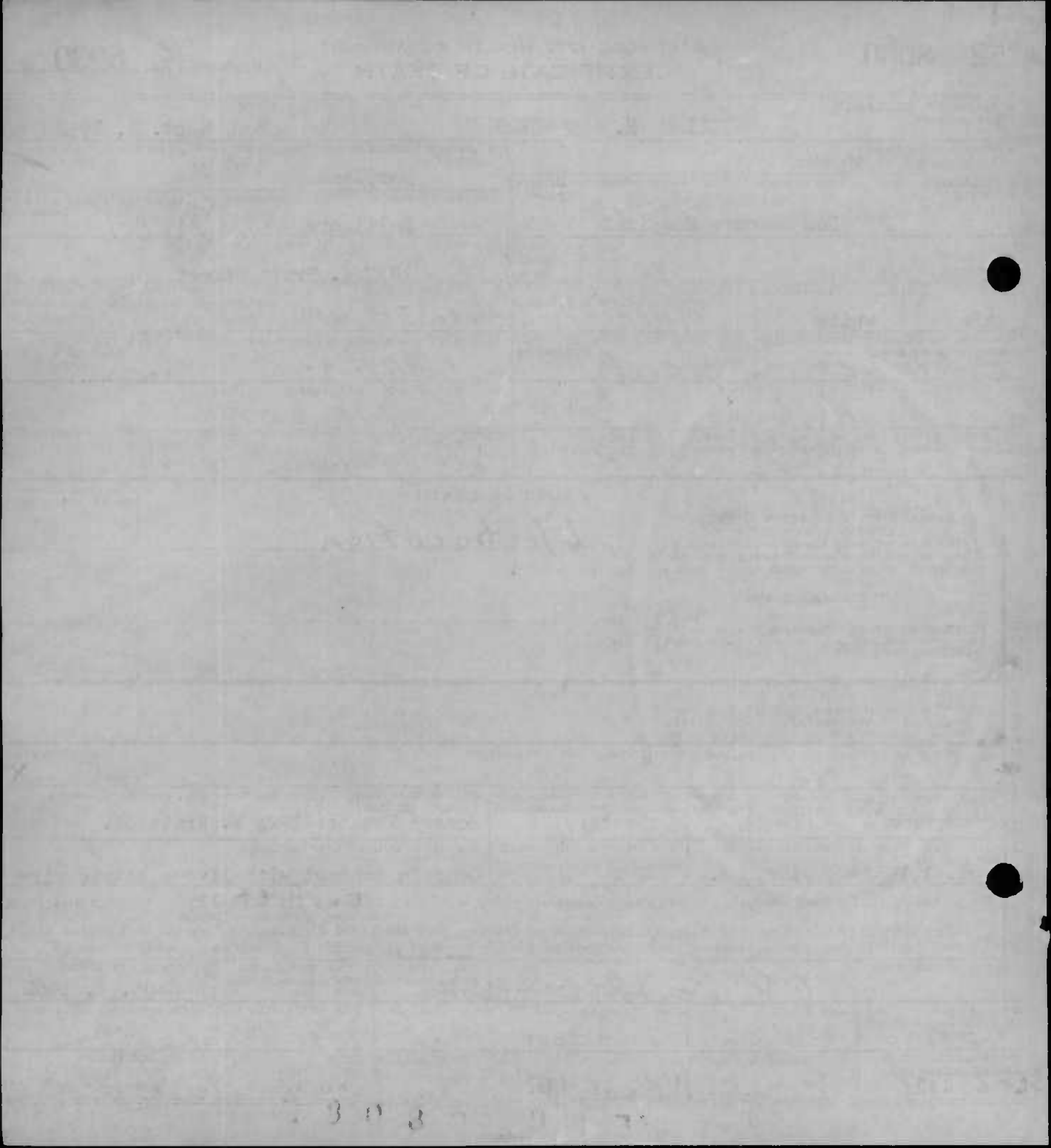
VS 151

N992X

12580208007

406.

MEDICAL CERTIFICATION



425
52 8091WILSON
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 8091
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Violet E. Wilson

2. DATE
OF
DEATH

8/30 - 36

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

517 Lonsdale Street

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

Harford

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

Box 135 Baltimore

6200

Length of stay in Baltimore

Yrs.
Mos.
Days
4

5. SEX

Female

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

March 22, 1926

9. AGE (in years
last birthday)

26

If Under 1 Year
Months: Days

5 8

If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Miss attendant

10B. KIND OF BUSINESS OR
INDUSTRY

U.S. Naval Base

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.A

13. FATHER'S NAME

John G. Wilson Sr.

14. MOTHER'S MAIDEN NAME

Annabelle Williams

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, oo or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

214-24-1396

17. INFORMANT

Mrs Annabelle Wilson - Box 135 Baltimore Md

ADDRESS

18. 490X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Lobar Pneumonia

INTERVAL BETWEEN
ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT

WORK ☐

NOT WHILE

AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/27, 1932, to 8/30, 1952 that I last saw the deceased alive on 8/30, 1952, and that death occurred at 12 P.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Sept 3, 1952

24C. NAME OF CEMETERY OR CREMATORY

Hosanna Cemetery Baltimore

24D. LOCATION (City, town, or county)

Baltimore

(State)

Md

DATE RECEIVED BY
REGISTRAR

SEP 2 1952

REGISTRAR'S SIGNATURE

Annabelle Williams, M.D.

25. FUNERAL DIRECTOR

Elmer E. Bellock - Havre de Grace, Md

ADDRESS

VS 150.

1952 0959 0000

MEDICAL CERTIFICATION

1008 82

1008 82

RECEIVED
FEB 19 1963

1303 - 0 0 7

-650

52 8092

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 8092

Registered No. _____

1. NAME OF DECEASED (Type or Print) Harry P. Graham		2. DATE OF DEATH Aug. 30/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md. B. COUNTY 28-04	
B. FULL NAME OF (If not in hospital or institution, give street address or location) 5314 Brabant Rd		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. LENGTH OF stay in Baltimore 50 yrs		E. STREET ADDRESS (If rural, give location) 5314 Brabant Rd	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 9, 1885
9. AGE (In years last birthday) 67		10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sales Engineer		10B. KIND OF BUSINESS OR INDUSTRY Reid Hayden Co.	
11. BIRTHPLACE (State or foreign country) Md.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Henry Graham		14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN THE ARMED FORCES? (Yes, no or unknown) (If yes, give branch or lines of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Mrs. Hilda C. Graham		ADDRESS 5314 Brabant Rd	
18. 163x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.) Cardio Respiratory Failure DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Cerebral Metastases DUE TO Carcinoma of Left Lung		INTERVAL BETWEEN ONSET AND DEATH	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION June 1, 1952		19B. MAJOR FINDINGS OF OPERATION Carcinoma of Lung	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., on or about home, farm, factory, street, office building, etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. HOW DID INJURY OCCUR?	
21E. TIME (Month) (Day) (Year) (Hour) INJURY June 1, 1952		21F. HOW DID INJURY OCCUR? WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
22. I hereby certify that I attended the deceased from June 1, 1952 to 30 Aug, 1952 that I last saw the deceased alive on 30 Aug, 1952 and that death occurred at 1:15 PM , from the causes and on the date stated above.			
23A. SIGNATURE William J. Ryan		23B. ADDRESS 4605 Edmonson	
23C. DATE SIGNED 30 Aug 52			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Sept. 2/52	
24C. NAME OF CEMETERY OR CREMATORY New Cathedral		24D. LOCATION (City, town, or county) (State) Baltimore, Md.	
DATE RECEIVED BY LOCAL REGISTRAR SEP 2 1952		REGISTRAR'S SIGNATURE Huntington Williams	
VS 150		25. FUNERAL DIRECTOR Harry H. Witzke	
		ADDRESS 4101 Edmonson Ave.	

STATE OF NEW YORK
OFFICE OF THE ATTORNEY GENERAL

IN SENATE,
January 1, 1911.

REPORT OF THE

COMMISSIONERS OF THE LAND OFFICE

FOR THE YEAR 1910.

ALBANY:

THE UNIVERSITY OF THE STATE OF NEW YORK
PRINTING OFFICE, 1911.

THE UNIVERSITY OF THE STATE OF NEW YORK
PRINTING OFFICE, 1911.

THE UNIVERSITY OF THE STATE OF NEW YORK
PRINTING OFFICE, 1911.

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PRINTING OFFICE, 1911.

THE UNIVERSITY OF THE STATE OF NEW YORK
PRINTING OFFICE, 1911.

THE UNIVERSITY OF THE STATE OF NEW YORK
PRINTING OFFICE, 1911.

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 8093**

BIRTH NO. **52 8093** Res.

1. NAME OF DECEASED (Type or Print) ROBERT PRITT		2. DATE OF DEATH August 31, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) South Baltimore General Hosp.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 18-03	
D. STREET ADDRESS (If rural, give location) 815 W. Baltimore Street		E. LENGTH OF STAY IN BALTIMORE 2 Yes. Mos. Days	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Aug 7, 1951
9. AGE (In years last birthday) 13 mo.		10. UNDER 1 Year Months: Days Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Michigan		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Arnold Pritt		14. MOTHER'S MAIDEN NAME Maxine Miller	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT Arnold Pritt		ADDRESS 850 W. Baltimore St.	

18. E902.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Fracture of neck (A) Fracture of neck ----- DUE TO (B) Rupture of liver ----- DUE TO (C) ----- INTERVAL BETWEEN ONSET AND DEATH	
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

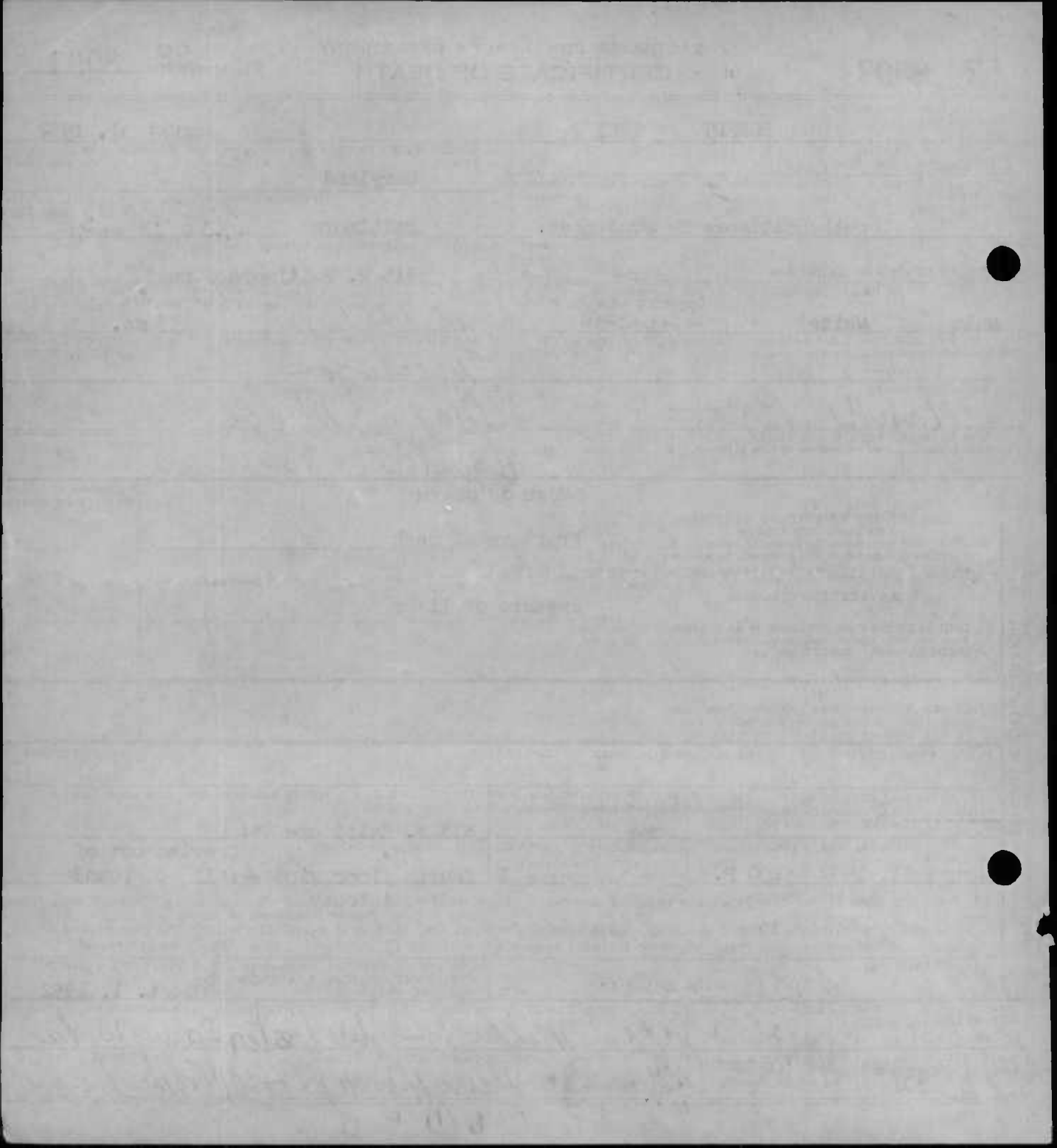
19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 815 W. Baltimore St. 18/3
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY August 31, 1952 5:00 P. m.	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? Crawled out of fourth floor window-fell to ground

22. I certify that I took charge of the remains described above, held an **autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE R.F. Fisher		23B. CHIEF MEDICAL EXAMINER..... <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input type="checkbox"/> M.D. MEDICAL INVESTIGATOR..... <input type="checkbox"/>		23C. DATE SIGNED Sept. 1, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Removal	24B. DATE Sept 2/52	24C. NAME OF CEMETERY OR CREMATORY Adam Miller Co.	24D. LOCATION (City, town, or county) (State) Wheaton Spring W. Va		
DATE RECEIVED BY LOCAL REGISTRAR SEP 2 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Harry H. Wilkie ADDRESS 4101 Edmonds Ave			

correct age is 13 years important. Physicians, please write the cause of death clearly and briefly.

MEDICAL CERTIFICATION



256

52 8094

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 8094

1. NAME OF DECEASED (Type or Print) MRS. MARGARET F. LOCHNER		2. DATE OF DEATH SEPT 1, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY BALTIMORE	
B. FULL NAME OF HOSPITAL OR INSTITUTION MERCY HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 12-02	
Length of stay in Baltimore LIFE		D. STREET ADDRESS (If rural, give location) #402 BLACKSTONE APTS, CHAS. + 33RD STS.	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOW	8. DATE OF BIRTH MAY-6-1873
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10B. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME A. K. KISPERT		14. MOTHER'S MAIDEN NAME MARGARET MARY ZINZER	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.	
17. INFORMANT HOSPITAL RECORDS		ADDRESS	

18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) CEREBRAL HEMORRHAGE DUE TO	INTERVAL BETWEEN ONSET AND DEATH 23 DAYS
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) ARTERIO-SCLEROTIC CARDIO-VASCULAR DISEASE DUE TO	YEARS
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONITION CAUSING IT.	

19A. DATE OF OPERATION 9	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (a. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **AUG. 10** 19**52** to **SEPT 1** 19**52**, that I last saw the deceased alive on **SEPT 1** 19**52**, and that death occurred at **9:32 Am.**, from the causes and on the date stated above.

22A. SIGNATURE Joseph J. Michels	22B. ADDRESS Mercy Hospital, Balto.	22C. DATE SIGNED 9-1-52
---	--	--------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 9/4/52	24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer	24D. LOCATION (City, town, or county) (State) BALTO Md.
DATE RECEIVED BY LOCAL REGISTRAR SEP 2 1952	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR J. Luck	ADDRESS 5305 Harford Rd

19520108091

MEDICAL CERTIFICATION

25 6001

DEPT 1105

Mrs. Margaret F. Johnson

Maryland

Mrs. Margaret F. Johnson

Baltimore

Age

May 12 1912

Female White Widow

Maryland

Married

Margaret Mary Johnson

A. L. Johnson

Maryland

Charles Henry Johnson

Age of child at birth 1 year

25 6001
Margaret F. Johnson
Baltimore
May 12 1912
Female White Widow
A. L. Johnson
Charles Henry Johnson
Age of child at birth 1 year

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 52 8095

52 8095

BIRTH NO.

1. NAME OF DECEASED (Type or Print) ALEXANDER JOHNSON		2. DATE OF DEATH Aug. 31, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>6028 Creighton Ave.</u>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Beech Hill Nursing Home Beechland & Old Harford		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore <u>27-07</u>	
D. STREET ADDRESS (If rural, give location) 2605 Creighton Avenue		E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Oct. 14, 1888
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Self Emp. Painter		9. AGE (In years last birthday) 83	
10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Baltimore, Maryland	
13. FATHER'S NAME Elijah Johnson		12. CITIZEN OF WHAT COUNTRY?	
14. MOTHER'S MAIDEN NAME Mary Jane ?		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)	
16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Mrs. Laura M. Knox, 2605 Creighton	

18. <u>191X</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Generalized Carcinomatosis		INTERVAL BETWEEN ONSET AND DEATH
(A) DUE TO		
(B) DUE TO Adeno Carcinoma of face.		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Chronic Myo Carditis		<u>months</u>
(C) DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Aug 30</u> , 19 <u>52</u> to <u>Aug 31</u> , 19 <u>52</u> that I last saw the deceased alive on <u>Aug 30</u> , 19 <u>52</u> , and that death occurred at <u>m.</u> , from the causes and on the date stated above.					
23A. SIGNATURE <u>James E. White</u>		23B. ADDRESS <u>5214 Harford Rd.</u>		23C. DATE SIGNED <u>1 Sept 52</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 9/2/52		24C. NAME OF CEMETERY OR CREMATORY Loudon Park Cem.	
24D. LOCATION (City, town, or county) Baltimore, Maryland		24E. FUNERAL DIRECTOR ADDRESS Leonard J. Ruck, 5305 Harford Road.			
DATE RECEIVED BY LOCAL REGISTRY SEP 2 1952		REGISTRAR'S SIGNATURE <u>Huntington Williams</u>			

6028 old Starfuel Rd.

Dr. White
5214 Hartford Road.

52 8096

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 8096

BIRTH NO. 52-18732

1. NAME OF DECEASED
(Type or Print)

Mary Beth Johnson

2. DATE
OF
DEATH

8-31-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

722 E North Ave

Yrs.
Mos.
Days4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

9-08

D. STREET ADDRESS (If rural, give location)

722 E North Ave

Length of stay in Baltimore

SEX

Female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

single

8. DATE OF BIRTH

Aug. 13-1952

9. AGE (In years
last birthday)If Under 1 Year
Months: Days

- 18

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Clyde Ray Johnson

14. MOTHER'S MAIDEN NAME

Mae Wellone Johnson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mae Wellone Johnson

18. E 921.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Aspiration of Vomitus

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING OR CONTRIB-
UTING CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

home

21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

722 E. North Ave. 7/8

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

Aug 30 w 31, 1952. m.

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Aspirated vomitus

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William Williams

23B. CHIEF MEDICAL EXAMINER.....

23C. DATE SIGNED

M.D. ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....

8-31-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 2 1952

Huntington Williams, M.D. Joseph Grace Inc. 2013 Greenmount Ave

STATE OF OHIO
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Married John Johnson

John Johnson

Agnes C. Johnson

John Johnson

John Johnson

52 8097

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 8097

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILLIAM J. JOYCE

2. DATE
OF
DEATH

9/1/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTIONMary Hospital
LifeYrs.
Mos.
Days4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Maryland

B. COUNTY

Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

39 Wade Ave #28

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Dec 8, 1883

9. AGE (In years
last birthday)

68

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, or if retired)

Retired

10B. KIND OF BUSINESS OR
INDUSTRY

Ins Adjuster

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

William Joyce

14. MOTHER'S MARRIED NAME

Catherine Flynn

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

unknown

16. SOCIAL
SECURITY NO.

17. INFORMANT

Same

ADDRESS

18. 540.0

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

Cause: Pericarditis

(A) Bleeding Pericarditis

DUE TO

operation

(B) Cardiac Failure

DUE TO

Necrosis

(C)

INTERVAL BETWEEN
ONSET AND DEATH

1 week

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

8/27/52

19B. MAJOR FINDINGS OF OPERATION

Bleeding Pericarditis

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/23, 1952, to 9/1, 1952, that I last saw the
deceased alive on 9/1, 1952, and that death occurred at 10:35 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23 B. REVER. DR. M. D.

23B. ADDRESS

Mary Hospital

23C. DATE SIGNED

9/1/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

9/4/52

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county) (State)

Baltimore City

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

MacNabb & Son

ADDRESS

SEP 2 1952

VS 150

19520008094

MEDICAL CERTIFICATION

San Francisco

Received 7/1/52 from Cathedral
St. Mary's Alt. Center
San Francisco

CERTIFICATE OF DEATH

52 8098 Registered No.

BIRTH NO.

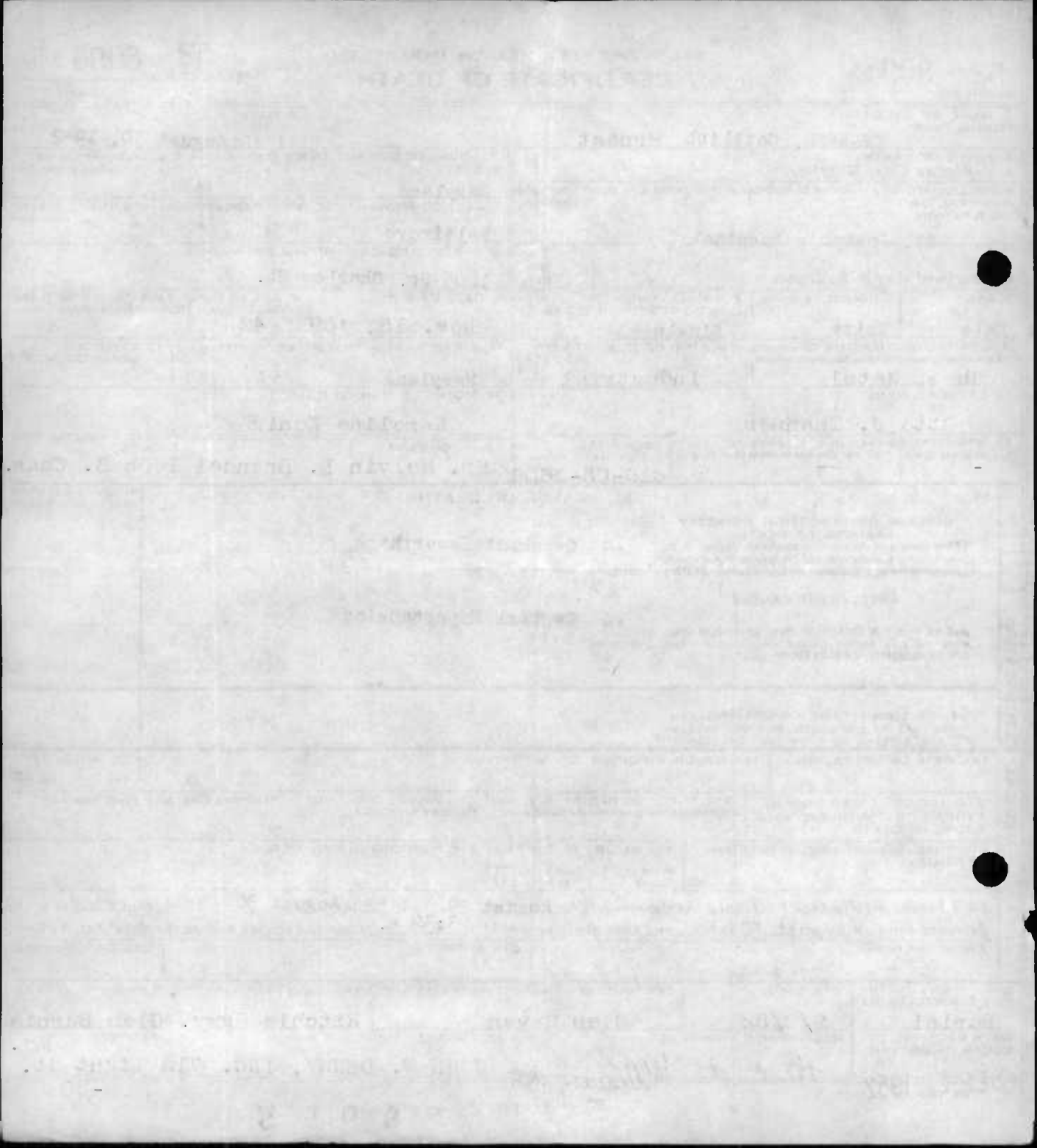
1. NAME OF DECEASED (Type or Print) THANNER, Gottlieb Ernest			2. DATE OF DEATH August 30, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF (If not in hospital or institution, give street address or location) St. Joseph's Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore		
D. STREET ADDRESS (If rural, give location) 1605 So. Charles St.			E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days 23-02		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Nov. 15, '09	9. AGE (In years last birthday) 42	10. UNDER 1 Year Months: Days 11. UNDER 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sheet Metal			10B. KIND OF BUSINESS OR INDUSTRY Industrial		
11. BIRTHPLACE (State or foreign country) Maryland			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Otto J. Thanner			14. MOTHER'S MAIDEN NAME Karoline Konig		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) --			16. SOCIAL SECURITY NO. 216-05-3606		
17. INFORMANT Mr. Melvin L. Brendel			ADDRESS 1605 S. Chas.		

18. 331X		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)		(A) Cerebral Hemorrhage		
ANTECEDENT CAUSES		DUE TO Essential		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) Central Hypertension		
		DUE TO (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDER- Lying <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from August 29, 1952 to August 30, 1952 , that I last saw the deceased alive on August 30, 1952 , and that death occurred at 3:30 a. m. , from the causes and on the date stated above.				
23A. SIGNATURE J. M. Thanner		23B. ADDRESS M. D.		23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 9/2/52	24C. NAME OF CEMETERY OR CREMATORY Glen Haven	24D. LOCATION (City, town, or county) (State) Ritchie Hgwy. Glen Burnie Md.
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR JOHN F. DENNY, INC. 715 Light St.	

SEP 2 1952 VS T50



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 8099**

BIRTH NO. 52 8099

1. NAME OF DECEASED (Type or Print) John A. Sturgis			2. DATE OF DEATH Aug. 29, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 6040 Harford Rd.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-07		
D. STREET ADDRESS (If rural, give location) 6040 Harford Rd.			E. LENGTH OF stay in Baltimore 25 yrs.		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH May 6, 1905		9. AGE (In years last birthday) 47
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plumber		10B. KIND OF BUSINESS OR INDUSTRY Paul James Co.	11. BIRTHPLACE (State or foreign country) South Carolina		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME John Sturgis			14. MOTHER'S MAIDEN NAME Ellen Garris		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) yes		16. SOCIAL SECURITY NO. 212-05-6917	17. INFORMANT ADDRESS Mrs. Blanche Sturgis - 6040 Harford Rd.		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) World War II					

18. 199-6		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Metastatic CA final	3 mos.	
ANTECEDENT CAUSES		(B) Vertebral, Primary site		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C) Undetermined		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				

19A. DATE OF OPERATION July 1952		19B. MAJOR FINDINGS OF OPERATION Ext. Spinal Vertebrae		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from June 15, 1952 , to Aug. 29, 1952 , that I last saw the deceased alive on 8/19 , 1952, and that death occurred at 1:30 A.M. , from the causes and on the date stated above.					
23A. SIGNATURE Nathan J. Jolley		23B. ADDRESS 7101 Harford Rd.		23C. DATE SIGNED 8/29/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Sept. 4, 52		24C. NAME OF CEMETERY OR CREMATORY National	
24D. LOCATION (City, town, or county) (State) Baltimore Md.		25. FUNERAL DIRECTOR ADDRESS Paul Heemann - 6067 Harford Rd.			
DATE RECEIVED BY LOCAL REGISTRAR SEP 2 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.			

CERTIFICATE OF DEATH

BALTIMORE CITY HEALTH DEPARTMENT

1900

12

1900

12

101

236

52 8100

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 8100
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Westerfeld, Mary

2. DATE

OF DEATH August 29, 1952

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

St. Joseph's

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1731 Terrell Place

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

Pensioner

Balto. City Police

Maryland

13. FATHER'S NAME

Robinson

14. MOTHER'S MAIDEN NAME

Mary

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

1015 Allison Avenue
Emmett L. Westerfeld, Washington, Penna.

18. 592x and 931.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Uremia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Chronic glomerulonephritis

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Heat exhaustion

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from July 23, 1952 to August 29, 1952 that I last saw the deceased alive on Aug. 29, 1952 and that death occurred at 7:00 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

John N. Krayer

M. D.

1400 N. Caroline St.

Aug. 29, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

burial

9/2/52

Baltimore Cemetery

Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 2 1952

Huntington W.H.

Wm. Gok, Inc.

1217 St. Paul Street

VS 150

N 981.3

1 4 5 773 93 8 0 9 7

MEDICAL CERTIFICATION

1000 52

THE UNIVERSITY OF CHICAGO
CENTRAL LIBRARY OF THE EAST

RECEIVED MAY 19 1955

LIBRARY

UNIVERSITY

CHICAGO, ILL.

LIBRARY

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CHICAGO

ILLINOIS

RECEIVED

MAY 19 1955

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CHICAGO

ILLINOIS

RECEIVED

MAY 19 1955

LIBRARY

UNIVERSITY

CHICAGO

ILLINOIS

52 8101

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 8101

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Alice Parker</i>		2. DATE OF DEATH <i>August 30, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Bel 4</i>		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <i>md.</i> B. COUNTY			
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>			
7. Length of stay in Baltimore <i>40 years</i>		8. STREET ADDRESS (If rural, give location) <i>1125 N. Carey St. 16-01</i>			
9. SEX <i>Female</i>	10. COLOR OR RACE <i>Colored</i>	11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	12. DATE OF BIRTH <i>4-12-91</i>		13. AGE (in years last birthday) <i>61</i>
14. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>House wife</i>		15. KIND OF BUSINESS OR INDUSTRY		16. BIRTHPLACE (State or foreign country) <i>Pa.</i>	
17. FATHER'S NAME <i>Henry Bailey</i>		18. MOTHER'S MAIDEN NAME <i>Caroline Nottingham</i>		19. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
20. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, no or unknown)		21. SOCIAL SECURITY NO.		22. INFORMANT ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	

18. <i>420.1</i>		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) <i>Myocardial Infarction</i>		<i>5 days</i>	
ANTECEDENT CAUSES		DUE TO			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) <i>Hypertensive Cardiovascular Disease</i>		<i>3(?) years</i>	
		DUE TO			
		(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>8-28</i> , 1952, to <i>8-30</i> , 1952, that I last saw the deceased alive on <i>8-30</i> , 1952, and that death occurred at <i>2:10 P.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Richard W. Allen</i>		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>8/30/52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>9-2-52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>mt Auburn</i>	
24D. LOCATION (City, town, or county) (State) <i>md</i>		25. FUNERAL DIRECTOR <i>George E. Nelson</i>		25. ADDRESS <i>1303 Chestnut St</i>	

CERTIFICATE OF DEATH

BALTIMORE CITY DEPARTMENT OF HEALTH

1901

1901

[Faint, mostly illegible text and markings on a lined form, likely a death certificate. The text is mirrored across the page, suggesting bleed-through from the reverse side. Some legible fragments include:]

[Faint text at top left:] (Date of Birth) 1/1/18

[Faint text at top right:] 1/1/18

[Faint text in middle:] 1/1/18

[Faint text at bottom:] 1/1/18

H00
52 8102
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH8102
Registered No. 52 8102

1. NAME OF DECEASED (Type or Print) <u>Helen R. Bailey</u>			2. DATE OF DEATH <u>August 29, 1952</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>Baltimore, Md.</u>			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <u>Md.</u> B. COUNTY		
5. FULL NAME OF HOSPITAL OR INSTITUTION <u>Provident Hospital</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u> <u>19-04</u>		
Length of stay in Baltimore <u>LIFE</u>			D. STREET ADDRESS (If rural, give location) <u>1808-Eagle St</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>C</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>Dec. 18, 1902</u>	9. AGE (In years, last birthday) <u>50</u>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			11. BIRTHPLACE (State or foreign country) <u>Md.</u>		
13. FATHER'S NAME <u>Charles Henson</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT <u>Jessie Bailey</u>			ADDRESS <u>1808-Eagle St</u>		
18. <u>443x</u> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)			CAUSE OF DEATH		
ANTECEDENT CAUSES			(A) <u>CONGESTIVE HEART FAILURE</u>		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			(B) <u>HYPERTENSIVE-CARDIOVASCULAR DISEASE</u>		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			(C)		
19A. DATE OF OPERATION <u>0</u>			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <u>AUGUST 29, 1952</u> , to <u>AUGUST, 1952</u> , that I last saw the deceased alive on <u>AUGUST 29, 1952</u> and that death occurred at <u>136 A. m.</u> , from the causes and on the date stated above.					
23A. SIGNATURE <u>A.T. Edwards / WCC</u> M. D.			23B. ADDRESS <u>Provident Hospital</u>		23C. DATE SIGNED <u>AUGUST 29, 52</u>
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24B. DATE <u>9-2-52</u>	24C. NAME OF CEMETERY OR CREMATORY <u>mt auburn.</u>	24D. LOCATION (City, town, or county) (State) <u>md</u>		
DATE RECEIVED BY LOCAL REGISTRAR <u>SEP 2 1952</u>	REGISTRAR'S SIGNATURE <u>Huntington Williams, M.D.</u>	25. FUNERAL DIRECTOR <u>George H. Nelson</u>		ADDRESS <u>1303 Crestman St</u>	

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL RECORDS
CERTIFICATE OF DEATH

1. NAME OF DECEASED		2. SEX		3. AGE		4. DATE OF BIRTH		5. PLACE OF BIRTH	
6. OCCUPATION		7. CAUSE OF DEATH		8. MANNER OF DEATH		9. PLACE OF DEATH		10. TIME OF DEATH	
11. SIGNATURE OF PHYSICIAN		12. SIGNATURE OF REGISTRAR		13. SIGNATURE OF WITNESSES		14. SIGNATURE OF DECEASED		15. SIGNATURE OF FUNERAL HOME	
16. SIGNATURE OF CLERGY		17. SIGNATURE OF JUDGE		18. SIGNATURE OF SHERIFF		19. SIGNATURE OF CORONER		20. SIGNATURE OF JURY	
21. SIGNATURE OF DISTRICT ATTORNEY		22. SIGNATURE OF COUNTY CLERK		23. SIGNATURE OF COUNTY SHERIFF		24. SIGNATURE OF COUNTY CORONER		25. SIGNATURE OF COUNTY JURY	
26. SIGNATURE OF COUNTY CLERK		27. SIGNATURE OF COUNTY SHERIFF		28. SIGNATURE OF COUNTY CORONER		29. SIGNATURE OF COUNTY JURY		30. SIGNATURE OF COUNTY CLERK	
31. SIGNATURE OF COUNTY SHERIFF		32. SIGNATURE OF COUNTY CORONER		33. SIGNATURE OF COUNTY JURY		34. SIGNATURE OF COUNTY CLERK		35. SIGNATURE OF COUNTY SHERIFF	
36. SIGNATURE OF COUNTY CORONER		37. SIGNATURE OF COUNTY JURY		38. SIGNATURE OF COUNTY CLERK		39. SIGNATURE OF COUNTY SHERIFF		40. SIGNATURE OF COUNTY CORONER	
41. SIGNATURE OF COUNTY JURY		42. SIGNATURE OF COUNTY CLERK		43. SIGNATURE OF COUNTY SHERIFF		44. SIGNATURE OF COUNTY CORONER		45. SIGNATURE OF COUNTY JURY	
46. SIGNATURE OF COUNTY CLERK		47. SIGNATURE OF COUNTY SHERIFF		48. SIGNATURE OF COUNTY CORONER		49. SIGNATURE OF COUNTY JURY		50. SIGNATURE OF COUNTY CLERK	
51. SIGNATURE OF COUNTY SHERIFF		52. SIGNATURE OF COUNTY CORONER		53. SIGNATURE OF COUNTY JURY		54. SIGNATURE OF COUNTY CLERK		55. SIGNATURE OF COUNTY SHERIFF	
56. SIGNATURE OF COUNTY CORONER		57. SIGNATURE OF COUNTY JURY		58. SIGNATURE OF COUNTY CLERK		59. SIGNATURE OF COUNTY SHERIFF		60. SIGNATURE OF COUNTY CORONER	
61. SIGNATURE OF COUNTY JURY		62. SIGNATURE OF COUNTY CLERK		63. SIGNATURE OF COUNTY SHERIFF		64. SIGNATURE OF COUNTY CORONER		65. SIGNATURE OF COUNTY JURY	
66. SIGNATURE OF COUNTY CLERK		67. SIGNATURE OF COUNTY SHERIFF		68. SIGNATURE OF COUNTY CORONER		69. SIGNATURE OF COUNTY JURY		70. SIGNATURE OF COUNTY CLERK	
71. SIGNATURE OF COUNTY SHERIFF		72. SIGNATURE OF COUNTY CORONER		73. SIGNATURE OF COUNTY JURY		74. SIGNATURE OF COUNTY CLERK		75. SIGNATURE OF COUNTY SHERIFF	
76. SIGNATURE OF COUNTY CORONER		77. SIGNATURE OF COUNTY JURY		78. SIGNATURE OF COUNTY CLERK		79. SIGNATURE OF COUNTY SHERIFF		80. SIGNATURE OF COUNTY CORONER	
81. SIGNATURE OF COUNTY JURY		82. SIGNATURE OF COUNTY CLERK		83. SIGNATURE OF COUNTY SHERIFF		84. SIGNATURE OF COUNTY CORONER		85. SIGNATURE OF COUNTY JURY	
86. SIGNATURE OF COUNTY CLERK		87. SIGNATURE OF COUNTY SHERIFF		88. SIGNATURE OF COUNTY CORONER		89. SIGNATURE OF COUNTY JURY		90. SIGNATURE OF COUNTY CLERK	
91. SIGNATURE OF COUNTY SHERIFF		92. SIGNATURE OF COUNTY CORONER		93. SIGNATURE OF COUNTY JURY		94. SIGNATURE OF COUNTY CLERK		95. SIGNATURE OF COUNTY SHERIFF	
96. SIGNATURE OF COUNTY CORONER		97. SIGNATURE OF COUNTY JURY		98. SIGNATURE OF COUNTY CLERK		99. SIGNATURE OF COUNTY SHERIFF		100. SIGNATURE OF COUNTY CORONER	

Medical Examiner Case

8103

52 8103

Released to Hospital

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

1. NAME OF DECEASED (Type or Print) Ash Max		2. DATE OF DEATH September 1, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE md. B. COUNTY 15-13	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 4322 Pimlico Rd		5. SEX Male	
6. COLOR OR RACE White		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH 4-15-88		9. AGE (In years last birthday) 64	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) grocer		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Russia		12. CITIZEN OF WHAT COUNTRY? U.S.G	
13. FATHER'S NAME Joseph		14. MOTHER'S MAIDEN NAME Sylvia	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No.		16. SOCIAL SECURITY NO.	
17. INFORMANT JOHNS HOPKINS HOSPITAL		ADDRESS <input checked="" type="checkbox"/>	

18. 490 X and E902.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Pneumonia, bilateral, Lobar		INTERVAL BETWEEN ONSET AND DEATH 12 hours
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Parkinsonism, advanced		CERTIFICATION APPROVED BY William H. Hart M.D. OR ASSISTANT MEDICAL EXAMINER
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Fractured hip (left femoral Neck)		4 days

19A. DATE OF OPERATION August 28, 1952		19B. MAJOR FINDINGS OF OPERATION Fractured femoral Neck		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input checked="" type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) HOME		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Residence, 4322 Pimlico Rd.
21D. TIME (Month) (Day) (Year) (Hour) August 28, 1952		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Pt. Fell to floor from living room chair

22. I hereby certify that I attended the deceased from **Aug 28, 1952**, to **Sept 1, 1952**, that I last saw the deceased alive on **Sept 1, 1952**, and that death occurred at **4:40 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE George C. Austin M.D.	23B. ADDRESS JOHNS HOPKINS HOSPITAL	23C. DATE SIGNED Sept 1, 1952
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Sept 2, 1952	24C. NAME OF CEMETERY OR CREMATORY Mt. Carmel	24D. LOCATION (City, town, or county) (State) Balto Md
25. FUNERAL DIRECTOR Huntington Williams, 2100 Eutaw Pl.		ADDRESS 2100 Eutaw Pl.	

VS 150
Medical Examiner to Approver 8/20/52
SEP 1 1952

CERTIFICATE OF DEATH

NUMBER

<p>1. NAME OF DECEASED</p> <p><i>John Doe</i></p>	<p>2. SEX</p> <p><i>Male</i></p>	<p>3. AGE</p> <p><i>45</i></p>	<p>4. DATE OF BIRTH</p> <p><i>Jan 15 1925</i></p>	<p>5. PLACE OF BIRTH</p> <p><i>New York City</i></p>	<p>6. OCCUPATION</p> <p><i>Teacher</i></p>
<p>7. CAUSE OF DEATH</p> <p><i>Heart Disease</i></p>			<p>8. PLACE OF DEATH</p> <p><i>Home</i></p>		
<p>9. SIGNATURE OF DECEASED</p> <p><i>John Doe</i></p>			<p>10. SIGNATURE OF WITNESSES</p> <p><i>John Doe</i></p>		
<p>11. SIGNATURE OF PHYSICIAN</p> <p><i>John Doe</i></p>			<p>12. SIGNATURE OF CLERK</p> <p><i>John Doe</i></p>		

9-432

52 8104

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. _____

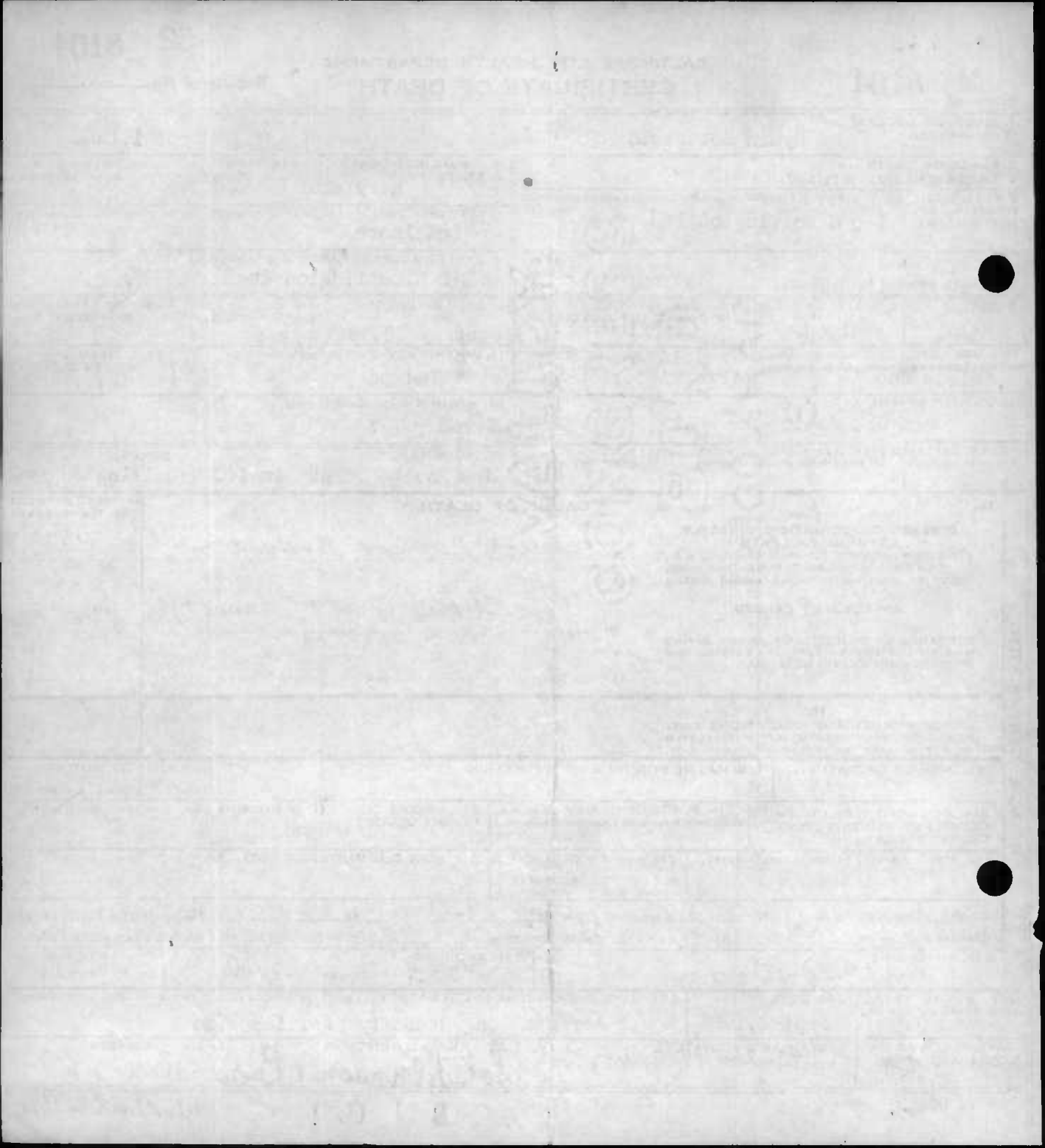
BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) Hyman Goldstein			2. DATE OF DEATH Sept 1, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY _____		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 140 N Collington Ave			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 6-03		
D. STREET ADDRESS (If rural, give location) 140 N Collington Ave					
5. SEX Male		6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH January 28, 1881
9. AGE (In years last birthday) 71		10. UNDER 1 Year Months: Days		11. UNDER 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tailor Shop			10B. KIND OF BUSINESS OR INDUSTRY Proprietor		
11. BIRTHPLACE (State or foreign country) Poland			12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Moses Goldstein			14. MOTHER'S MAIDEN NAME Sarah ?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT Mrs Phoebe Goldstein			ADDRESS 140 N Collington Ave		

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(A) acute coronary thrombosis		DUE TO		Sudden	
(B) fatal cerebral + coronary arteriosclerosis		DUE TO		years	
(C) _____		DUE TO		_____	
ANTECEDENT CAUSES					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1947 , 19 47 , to 9-1 , 19 52 , that I last saw the deceased alive on 8-9 , 19 52 , and that death occurred at 2:45 p.m., from the causes and on the date stated above.					
23A. SIGNATURE Charles B. Kins		23B. ADDRESS 2300 Int'l Ave		23C. DATE SIGNED 9-1-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Sept 2, 1952		24C. NAME OF CEMETERY OR CREMATORY Morgan Abraham Cong Cemetery	
24D. LOCATION (City, town, or county) (State) Baltimore Md					
DATE RECEIVED BY LOCAL REGISTRAR SEP 2 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		FUNERAL DIRECTOR Sal. L. Linton & Bros.	
VS 150		152 59062 101		W. North Ave.	

MEDICAL CERTIFICATION



W-532

51-10247

BALTIMORE CITY HEALTH DEPARTMENT

52 8105

52 8105
BIRTH NO. 51-10247

CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED
(Type or Print)

Phyllis J. Windsor

2. DATE
OF
DEATH

9/1/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF HOSPITAL OR INSTITUTION

1230 Carroll St

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

C. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

1230 Carroll St 21-02

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

10. Under 1 Year Months Days

11. Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS 1230

18. 751x

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

INJURY

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from May 1, 1952, to Sept 1, 1952, that I last saw the deceased alive on Sept 1, 1952, and that death occurred at 2:20 a. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRY

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

19520008100

MEDICAL CERTIFICATION

Spur 6/12

2/14/12

2/17/12

2/17/12

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 8106**

B-623
BIRTH NO. **52 8106**

1. NAME OF DECEASED (Type or Print) Charles Broctor		2. DATE OF DEATH 8-31-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE NY B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Brooklyn	
Length of stay in Baltimore 1 Yrs. 1 Mos. 5 Days		D. STREET ADDRESS (If rural, give location) 991 St Marks PL	
6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 2, 24, 1910	9. AGE (In years last birthday) 42 Yrs
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Washington D C.	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME		14. MOTHER'S MARRIEN NAME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO	16. SOCIAL SECURITY NO.	17. INFORMANT Wife ADDRESS Billie Broctor, 991 St Marks, PL	

18. E873.4 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH Crashed Chest	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(A) Multiple contusions & abrasions	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(B) Abusions	

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) ROAD	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Rt. 29, 8 mi. south of Ellicott City		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY August 31, 1952 7a.m.	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? Driving his car when Car out of control, struck bank		

2. I certify that I took charge of the remains described above, held an **Inspection** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE William Upchurch		23B. CHIEF MEDICAL EXAMINER..... <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input checked="" type="checkbox"/> M.D. 8-31-52		23C. DATE SIGNED
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 9/4/52	24C. NAME OF CEMETERY OR CREMATORY Brooklyn NY	24D. LOCATION (City, town, or county) (State) New York City	
DATE RECEIVED BY LOCAL REGISTRAR SEP 2 1952	REGISTRAR'S SIGNATURE Washington Williams	25. FUNERAL DIRECTOR Eugene H. Mayo, 609 George St Baltimore 1. Md		

8-21-22

Charles G. Grier

University Hospital

Charles Grier

Multiple Myeloma
Rheumatoid

Insulin

8-21-22

100-100000-100000

14-625-

52 8107

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 8107
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

c. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Engineer

10B. KIND OF BUSINESS OR INDUSTRY

American Lumber Industry and Refining Co.

13. FATHER'S NAME

John E. Harcum

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

212-10-1560

2. DATE OF DEATH

August 29, 1952

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE Maryland B. COUNTY

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

2525 Madison Ave

8. DATE OF BIRTH

Nov 25, 1885

9. AGE (In years last birthday)

66

If Under 1 Year Months: Days

If Under 24 Hours Hours Min.

11. BIRTHPLACE (State or foreign country)

Northumberland Co, Va

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

Sarah Ball

17. INFORMANT

Mrs. Annie Harcum - 2525 Madison Ave

ADDRESS

18. 151X

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

CAUSE OF DEATH

Carcinoma of Stomach

DUE TO

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

History
Indefinite

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 10, 1952, to Aug 29, 1952, that I last saw the deceased alive on Aug 29, 1952, and that death occurred at 10 m., from the causes and on the date stated above.

23A. SIGNATURE

R. Garland Rhinell

23B. ADDRESS

1534 David Hill Co

23C. DATE SIGNED

Sept 1, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Sept 2, 1952

24C. NAME OF CEMETERY OR CREMATORY

Arbutus Memorial Park

24D. LOCATION (City, town, or county) (State)

Baltimore County Maryland

DATE RECEIVED BY LOCAL REGISTRAR

SEP 2 1952

REGISTRAR'S SIGNATURE

Huntington Wil

25. FUNERAL DIRECTOR

Halland Funeral Home - 1631 David Hill Co

ADDRESS

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1. Name of Deceased		2. Sex		3. Race		4. Date of Birth		5. Date of Death	
6. Place of Birth		7. Usual Residence		8. Cause of Death		9. Manner of Death		10. Signature of Physician	
11. Signature of Registrar		12. Signature of Coroner		13. Signature of Medical Examiner		14. Signature of Health Officer		15. Signature of Mayor	

52 8108 A-423
EB-154081

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 8108
Registered No.

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) Mamie Alston	
2. DATE OF DEATH August 30, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland	
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Avenue	
6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
7. STREET ADDRESS (If rural, give location) 1643 Thomas Avenue, zone 16	
8. LENGTH OF STAY IN BALTIMORE 20 yrs.	
9. SEX Female	
10. COLOR OR RACE Negro	
11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	
12. DATE OF BIRTH Feb. 14, 1907	
13. AGE (In years last birthday) 45	
14. UNDER 1 YEAR Months: Days	
15. UNDER 24 HOURS Hours: Min.	
16. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Filing Clerk	
17. KIND OF BUSINESS OR INDUSTRY Post Office	
18. BIRTHPLACE (State or foreign country) North Carolina	
19. CITIZEN OF WHAT COUNTRY? U.S.A.	
20. FATHER'S NAME Frank Spencer	
21. MOTHER'S MAIDEN NAME Ella Henson	
22. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	
23. SOCIAL SECURITY NO. 212-16-8563	
24. INFORMANT Baltimore City Hospitals Records: 4940 Eastern Avenue	
25. CAUSE OF DEATH I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Pulmonary hemorrhage DUE TO II ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Pulmonary Tuberculosis DUE TO III OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
26. INTERVAL BETWEEN ONSET AND DEATH 10min. 20mos.	
27. DATE OF OPERATION 1952	
28. MAJOR FINDINGS OF OPERATION	
29. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
30. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	
31. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
32. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
33. TIME (Month) (Day) (Year) (Hour) INJURY	
34. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
35. HOW DID INJURY OCCUR?	
36. I hereby certify that I attended the deceased from 11-19, 1952, to 8-30, 1952, that I last saw the deceased alive on 8-30, 1952, and that death occurred at m., from the causes and on the date stated above.	
37. SIGNATURE G.S. Jones	
38. ADDRESS 4940 Eastern Avenue	
39. DATE SIGNED Aug. 30, 1952	
40. BURIAL, CREMATION, REMOVAL (Specify) Burial	
41. DATE 9-2-1952	
42. NAME OF CEMETERY OR CREMATORY Arbutus Mem. Cem.	
43. LOCATION (City, town, or county) (State) Baltimore Co., Maryland	
44. DATE RECEIVED BY LOCAL REGISTRAR SEP 2 1952	
45. REGISTRAR'S SIGNATURE H. Arbutus	
46. FUNERAL DIRECTOR Holland Funeral Home-1631 Druid Hill Ave.	

MEDICAL CERTIFICATION

195 280-96 8105

U.S. DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1. Name of deceased

2. Sex

3. Age

4. Date of death

5. Time of death

6. Place of death

7. Cause of death

8. Manner of death

9. Signature of physician

10. Signature of registrar

11. Signature of informant

12. Signature of witness

13. Signature of funeral director

14. Signature of undertaker

15. Signature of cemetery

16. Signature of burial

17. Signature of interment

18. Signature of cremation

19. Signature of disposition

20. Signature of final disposition

K-262
52 8109Koukouras
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 8109
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Stephen N. Koukouras

2. DATE
OF
DEATH

8-31-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Mercy Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 19-03

D. STREET ADDRESS (If rural, give location)

1501 W. Baltimore ST

E. Length of stay in Baltimore

20 + (1920) Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married-Separate

8. DATE OF BIRTH

Dec 27, 1894

9. AGE (In years
last birthday)

57

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Unemployed

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Greece

12. CITIZEN OF
WHAT COUNTRY?

1st papers

13. FATHER'S NAME

Nicholas Koukouris

14. MOTHER'S MAIDEN NAME

Flora Z. Frigides

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

16. SOCIAL
SECURITY NO.17. INFORMANT
Theodore Koukouris (Brother)

ADDRESS

Same

18. 420.1 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Coronary Infarction

INTERVAL BETWEEN
ONSET AND DEATH

11 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Coronary Sclerosis

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 20, 1952, to Aug. 31, 1952 that I last saw the
deceased alive on Aug. 31, 1952 and that death occurred at 10:30 a.m. from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

Mercy Hospital

23C. DATE SIGNED

8-31-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

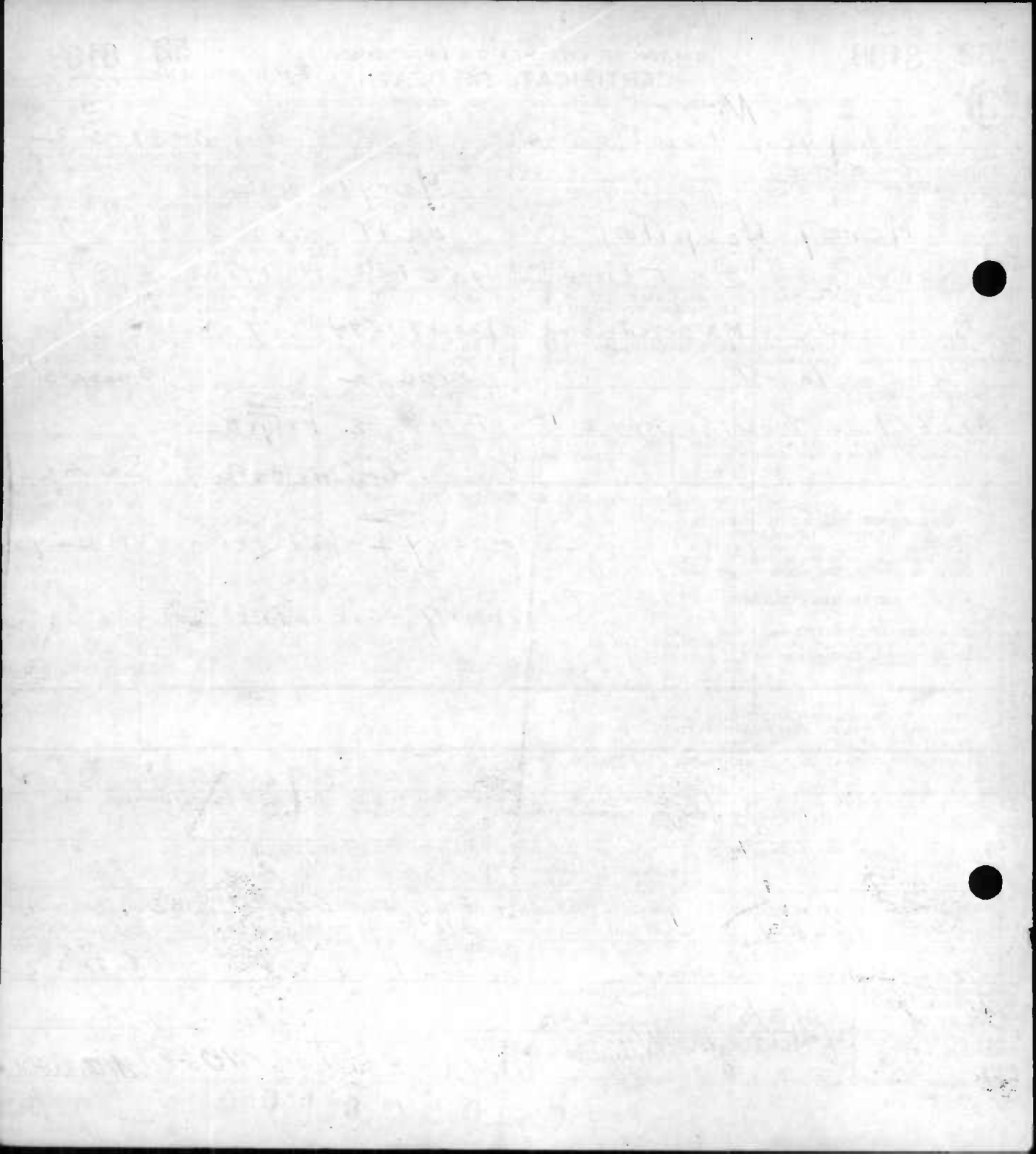
25. FUNERAL DIRECTOR

ADDRESS

SEP 2 1952

VS 150

19520208100



52 8110

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 8110

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Berta Raudies

2. DATE
OF
DEATH

Aug. 29/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

758 Poplar Grove St

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

758 Poplar Grove St

C. Length of stay in Baltimore

22 yrs

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Jan. 2, 1858

9. AGE (In years,
last birthday)

94

10. Under 1 Year
Months: Days
11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

H.W.

10B. KIND OF BUSINESS OR
INDUSTRY

Own Home

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

-----Baumgart

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Gustav Baumgart, 758 Poplar Grove St

18. 42010

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asphyxia, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(A) Myocardial Degeneration & insuffic
ficiency with Cordiac type per
trachy and congestive failure
(B) Due to Arterio-sclerotic type heart disease.
(C) Generalized arterio-sclerosisII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONOITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 1st, 1952 to August 24, 1952, that I last saw the
deceased alive on Aug 27, 1952, and that death occurred at 4:30 P. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Sept. /52

24C. NAME OF CEMETERY OR CREMATORY

Baltimore Cemetery

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 2 1952

Huntington Williams, M.D. Harry H. Smith, 4101 Edmondson Ave.

VS 150

1520008107

MEDICAL CERTIFICATION

STATE OF NEW YORK
CERTIFICATE OF DEATH

1. NAME OF DECEASED		2. SEX		3. AGE	
4. DATE OF DEATH		5. TIME OF DEATH		6. PLACE OF DEATH	
7. OCCUPATION		8. CAUSE OF DEATH		9. MANNER OF DEATH	
10. SIGNATURE OF DECEASED		11. SIGNATURE OF WITNESSES		12. SIGNATURE OF PHYSICIAN	
13. SIGNATURE OF CLERK		14. SIGNATURE OF JUDGE		15. SIGNATURE OF SHERIFF	
16. SIGNATURE OF CORONER		17. SIGNATURE OF JURY		18. SIGNATURE OF COURT	
19. SIGNATURE OF STATE		20. SIGNATURE OF COUNTY		21. SIGNATURE OF CITY	
22. SIGNATURE OF TOWN		23. SIGNATURE OF VILLAGE		24. SIGNATURE OF POST OFFICE	
25. SIGNATURE OF SCHOOL		26. SIGNATURE OF CHURCH		27. SIGNATURE OF SYNAGOGUE	
28. SIGNATURE OF MOSQUE		29. SIGNATURE OF TEMPLE		30. SIGNATURE OF OTHER	
31. SIGNATURE OF DECEASED		32. SIGNATURE OF WITNESSES		33. SIGNATURE OF PHYSICIAN	
34. SIGNATURE OF CLERK		35. SIGNATURE OF JUDGE		36. SIGNATURE OF SHERIFF	
37. SIGNATURE OF CORONER		38. SIGNATURE OF JURY		39. SIGNATURE OF COURT	
40. SIGNATURE OF STATE		41. SIGNATURE OF COUNTY		42. SIGNATURE OF CITY	
43. SIGNATURE OF TOWN		44. SIGNATURE OF VILLAGE		45. SIGNATURE OF POST OFFICE	
46. SIGNATURE OF SCHOOL		47. SIGNATURE OF CHURCH		48. SIGNATURE OF SYNAGOGUE	
49. SIGNATURE OF MOSQUE		50. SIGNATURE OF TEMPLE		51. SIGNATURE OF OTHER	

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 8111
Registered No.

A-520
52 8111
BIRTH NO. 22-25201

1. NAME OF DECEASED (Type or Print) ALONZO AMES		2. DATE OF DEATH Sept. 1, 1952	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Maryland b. COUNTY	
b. FULL NAME OF HOSPITAL OR INSTITUTION Provident Hospital		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
length of stay in Baltimore Yrs. Mos. Days		d. STREET ADDRESS (If rural, give location) 506 W. Preston Street	
5. SEX male	6. COLOR OR RACE colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Aug. 22, 1952
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		9. AGE (In years last birthday) 5 wks.	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME Alonzo D. Ames		12. CITIZEN OF WHAT COUNTRY? U. S. A	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		14. MOTHER'S MAIDEN NAME Mamie Georgory	
16. SOCIAL SECURITY NO.		17. INFORMANT M's Marcelline Ames	
		ADDRESS 506 W. Preston	

MEDICAL CERTIFICATION	18. 764.5 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Aspiration of vomitus.	INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Gastroenteritis - Acute	
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. PREMATURITY	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <u>inspection</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23a. SIGNATURE <i>R. Fisher</i>		23b. CHIEF MEDICAL EXAMINER..... <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input type="checkbox"/> M.D. MEDICAL INVESTIGATOR..... <input type="checkbox"/>		23c. DATE SIGNED Sept. 1, 1952	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-3-52		24c. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cem.	
		24d. LOCATION (City, town, or county) Baltimore, Md.		(State)	
DATE RECEIVED BY LOCAL REGISTRAR SEP 2 1952		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR <i>Mr. Frances J. A. Hensley</i>	
VS 151				ADDRESS 5780 Biddle St.	

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R-257
52 8112

CERTIFICATE CORRECTED

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52 8112
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Morris Reichembach

2. DATE
OF
DEATH

8-30-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Baltimore City Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

714 S Oldham

Length of stay in Baltimore

Yrs.
Mos.
Days

SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months Days
If Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

M. WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

M.D.

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

8-31-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 151

75243392-100

PH 8 32

8-30-25

Wm. J. J. J. J.

Wm. J. J. J. J.

Wm. J. J. J. J.

Wm. J. J. J. J.

8-31-25

Wm. J. J. J. J.

D-236

52 8113

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 8113

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Lillian V. Dexter

2. DATE
OF
DEATH

Aug. 30, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION 7 Longwood Rd.4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE
Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

7 Longwood Rd.

27-13

c. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

Jan. 17, 1888

9. AGE (In years
last birthday)

64

If Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

at Home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Eugene W. Veasey

14. MOTHER'S MAIDEN NAME

Ella Scott

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)
no16. SOCIAL
SECURITY NO.
none17. INFORMANT ADDRESS
Mr. George W. Dexter - 7 Longwood Rd.

18. 174X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Carcinomatosis

2 yrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Carcinoma of Uterus

2 yrs?

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

November, 1951

19B. MAJOR FINDINGS OF OPERATION

Inoperable Carcinoma of Uterus

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from November 1951, to Aug 30, 1952, that I last saw the
deceased alive on Aug 30, 1952, and that death occurred at 6:50 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

9/2/52

Druid Ridge Cem.

Pikesville, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 2 1952

Huntington Williams, M.D.

J. J. Tichenor & Sons

VS 150

195200081 Balto 17, Md.

MEDICAL CERTIFICATION

0113 32

0113 32

UNITED STATES DEPARTMENT OF HEALTH
BUREAU OF VETERINARY MEDICINE
WASHINGTON, D. C.

0113 32

OFFICE OF THE VETERINARY MEDICAL OFFICER

REPORT OF THE VETERINARY MEDICAL OFFICER

1. Name of the animal: *100-100-100*
2. Sex: *Male*
3. Age: *100*
4. Breed: *100-100-100*
5. Color: *100-100-100*
6. Date of birth: *100-100-100*
7. Date of death: *100-100-100*
8. Cause of death: *100-100-100*
9. Place of death: *100-100-100*
10. Name of the owner: *100-100-100*
11. Name of the caretaker: *100-100-100*
12. Name of the veterinarian: *100-100-100*
13. Name of the laboratory: *100-100-100*
14. Name of the hospital: *100-100-100*
15. Name of the clinic: *100-100-100*
16. Name of the office: *100-100-100*
17. Name of the department: *100-100-100*
18. Name of the division: *100-100-100*
19. Name of the section: *100-100-100*
20. Name of the subsection: *100-100-100*

S-500

52 8114

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 8114

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

SAPPION R SHAWN

2. DATE
OF
DEATH

8/31/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

BON SECOURS HOSP

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND

BALTIMORE

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Catonsville

D. STREET ADDRESS (If rural, give location)

ST CHARLES COLLEGE

5352

C. Length of stay in Baltimore

LIFETIME

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

CARPENTER

10B. KIND OF BUSINESS OR INDUSTRY

College

13. FATHER'S NAME

JAMES H. SHAWN

11. BIRTHPLACE (State or foreign country)

QUEEN COUNTY, MD.

12. CITIZEN OF WHAT COUNTRY?

USA

14. MOTHER'S MAIDEN NAME

MARY ANN ROSS

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT Miss B. W. Shawn ADDRESS
NIECE 7206 ROSLEN AVE

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.)

(A) ACUTE CONGESTIVE CARDIAC FAILURE

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) CORONARY INSUFFICIENCY

DUE TO

(C) ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from August 30, 1952 to August 31, 1952 that I last saw the deceased alive on August 31, 1951 and that death occurred at 10:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Doris H. Gade MD.

M. D.

23B. ADDRESS

Bon Secours Hospital

23C. DATE SIGNED

8/31/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

9/3/52

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, MD.

25. FUNERAL DIRECTOR

26 m. J. Tichauer & Sons

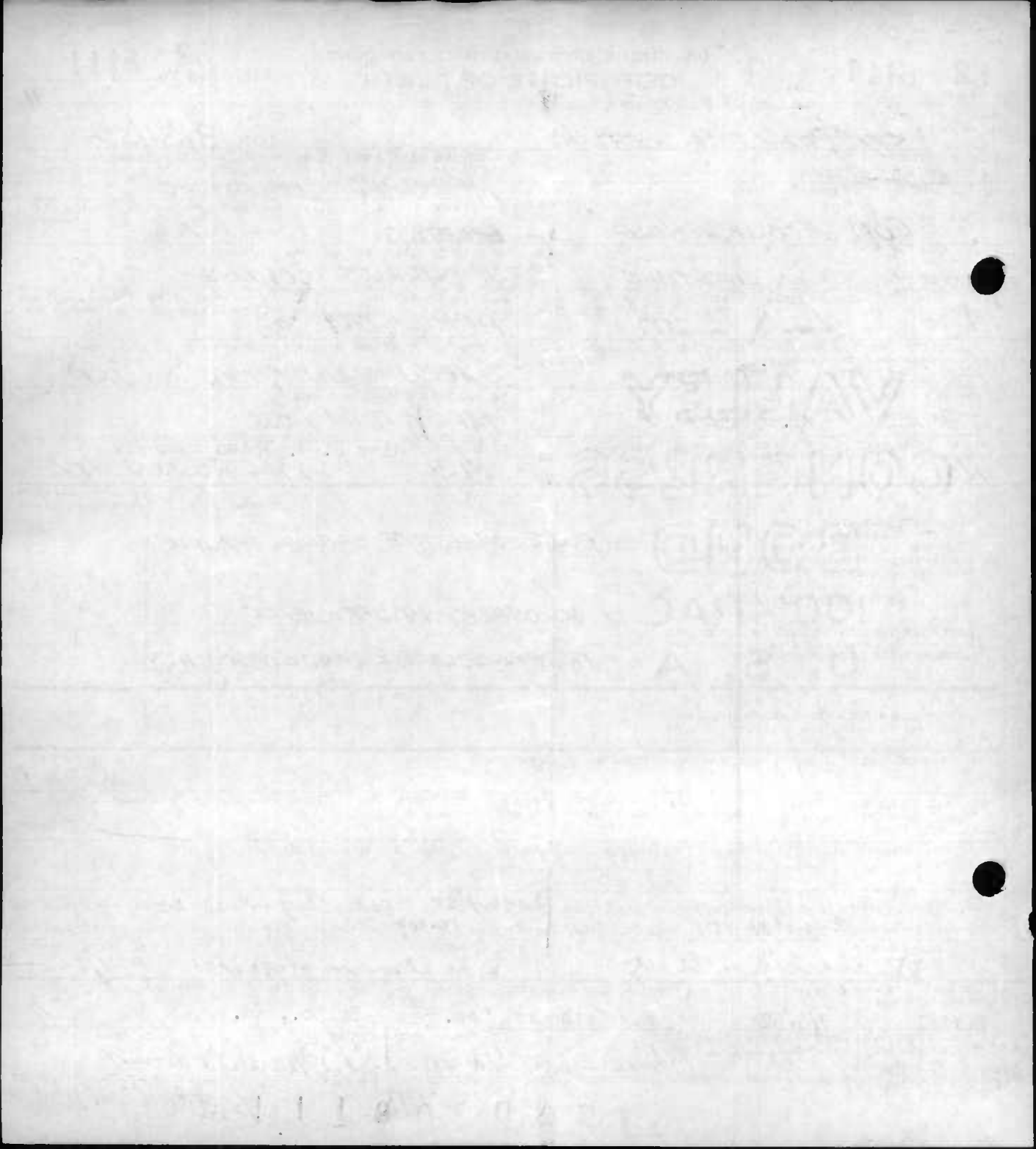
ADDRESS

SEP 2 1952

VS 150

1952000811 Balto 17, Md

MEDICAL CERTIFICATION



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 8115

52 8115
BIRTH NO.

Herbert

1. NAME OF DECEASED
(Type or Print)

Frank Haines

2. DATE
OF
DEATH

8-31-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location)

1 Broadview Apts - 39 1/2 Univ. Pkwy

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

The Marylander Apts.

8. DATE OF BIRTH

Apr. 16, 1880

9. AGE (In years last birthday)

72

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

widowed

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Self employed

10B. KIND OF BUSINESS OR INDUSTRY

Trust Funds Investments

13. FATHER'S NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Walter Haines-910 W. Lake Ave.

18. 4221

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) ASCVD

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐

23A. SIGNATURE

William W. Wood

23B. CHIEF MEDICAL EXAMINER.....

23C. DATE SIGNED

M.D.

MEDICAL INVESTIGATOR.....

8-31-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Cremation

24B. DATE

9/2/52

24C. NAME OF CEMETERY OR CREMATORY

Green Mount Crematory

24D. LOCATION (City, town, or county)

Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

St. M. J. Pickner & Sons

ADDRESS

Balto 17, Md.

113.5

22-12-8

Franklin

1000 ft. above sea level

1000 ft. above sea level

1000 ft. above sea level

1000 ft. above sea level

1000 ft. above sea level

1000 ft. above sea level

1000 ft. above sea level

1000 ft. above sea level

1000 ft. above sea level

1000 ft. above sea level
1000 ft. above sea level
1000 ft. above sea level

52 8116

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 8116

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John E. MAGERS

2. DATE
OF
DEATH

8/31/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Md.

BALTO.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

University Hosp.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

MONKTON

D. STREET ADDRESS (If rural, give location)

5200

C. Length of stay in Baltimore

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

Mar. 8, 1882

9. AGE (In years
last birthday)

70

10. Under 1 Year
Months Days11. Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

LAWYER

10B. KIND OF BUSINESS OR
INDUSTRY

self employed

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John M. MAGERS

14. MOTHER'S MAIDEN NAME

Hannah R. White

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.
none17. INFORMANT ADDRESS
Mrs. Helen Magers-Monkton, Md.

18. 572.2 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Diarrhea and ulceration
colitis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

m.

WORK ☐AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/25, 1952 to 8/31, 1952 that I last saw the
deceased alive on 8/31, 1952 and that death occurred at 8 A. M., from the causes and on the date stated above.

23A. SIGNATURE

Michael J. Foley M. D.

23B. ADDRESS

Univ. Hosp.

23C. DATE SIGNED

8/31/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

9/4/52

24C. NAME OF CEMETERY OR CREMATORY

Parkwood Cem.

24D. LOCATION (City, town, or county) (State)

Balto., Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. J. Tiefner & Sons

ADDRESS

Balto 17, Md.

8118

97

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

8118

1. Name of deceased: [illegible]
 2. Sex: [illegible]
 3. Age: [illegible]
 4. Date of birth: [illegible]
 5. Place of birth: [illegible]
 6. Usual residence: [illegible]
 7. Date of death: [illegible]
 8. Time of death: [illegible]
 9. Place of death: [illegible]
 10. Cause of death: [illegible]
 11. Manner of death: [illegible]
 12. Signature of physician: [illegible]
 13. Signature of registrar: [illegible]
 14. Date of registration: [illegible]

15. Name of informant: [illegible]
 16. Relationship to deceased: [illegible]
 17. Signature of informant: [illegible]
 18. Date of completion: [illegible]

19. Name of registrar: [illegible]
 20. Signature of registrar: [illegible]
 21. Date of registration: [illegible]

22. Name of registrar: [illegible]
 23. Signature of registrar: [illegible]
 24. Date of registration: [illegible]

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

THERESA JANE CORBETT

2. DATE
OF
DEATH

Aug. 31, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

6301 Clearspring Rd.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

April 30, 1867

9. AGE (In years
last birthday)

85

10. Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

at home

13. FATHER'S NAME

Elisha Crockett

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

none

16. SOCIAL
SECURITY NO.

none

17. INFORMANT

ADDRESS

Miss Ruth Corbett-6301 Clearspring Rd.

18. 42211

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

1 day

1 day

20 yrs

2 yrs

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 24 Aug 1952 to 31 Aug 1952 that I last saw the
deceased alive on 30 Aug, 1952 and that death occurred at 1:45 pm., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

9/3/52

24C. NAME OF CEMETERY OR CREMATORY

Parkwood Cem.

24D. LOCATION (City, town, or county) (State)

Balto., Md.

DATE RECEIVED BY

SEP 2 1952

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

26m. J. Lickner & Sons - Balto

ADDRESS

STATE OF TEXAS
COUNTY OF DALLAS

1118

1118

IN WITNESS WHEREOF, I have hereunto set my hand and seal of office, this 11th day of May, 1918.

Notary Public in and for the State of Texas

400

52 8118

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 8118
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Jacqueline

Nemuda Hall

2. DATE

OF

DEATH

(August 31, 1952)

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence

A. STATE

B. COUNTY

before admission)

5. FULL NAME OF (If not in hospital or institution, give street address or

HOSPITAL OR

INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore 13-02

D. STREET ADDRESS (If rural, give location)

716 W. North Ave.

Length of stay in Baltimore

Yrs.

Mos.

Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

6-13-99

9. AGE (In years, last birthday)

53

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Florist

10B. KIND OF BUSINESS OR INDUSTRY

Retail Store

13. FATHER'S NAME

Ainsley

John Stanley

14. MOTHER'S MAIDEN NAME

Eleanor Jane Stanley

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

no

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 540.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

CAUSE OF DEATH

Peritonitis

(A)

DUE TO

gastric resection

(B)

DUE TO

P.O. anastomotic leak
Penetrating gastric ulcer

(C)

INTERVAL BETWEEN ONSET AND DEATH

3 days

10 yrs

MEDICAL CERTIFICATION

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

8-23-52

19B. MAJOR FINDINGS OF OPERATION

Penetrating gastric ulcer

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-20, 1952 to 8-31, 1952, that I last saw the deceased alive on 8-31, 1952, and that death occurred at 4:25 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Julian K. Guatterba

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

8-31-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Sept. 4, 1952

24C. NAME OF CEMETERY OR CREMATORY

Drauid Ridge Cem.

24D. LOCATION (City, town, or county)

Pikesville, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

SEP 2 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. J. Pickney & Sons

ADDRESS

VS 150

4906R 8 11 52 Oct 17 Md.

8118

STATE OF NEW YORK

CERTIFICATE OF DEATH

1. Name of deceased: *John H. Smith*
2. Sex: *Male*
3. Age: *65*
4. Date of death: *Dec 15 1918*
5. Place of death: *Home*
6. Cause of death: *Heart failure*
7. Signature of physician: *J. H. Smith*
8. Signature of registrar: *J. H. Smith*

9. Name of informant: *John H. Smith*
10. Address of informant: *123 Main St.*
11. Signature of informant: *J. H. Smith*
12. Date of report: *Dec 15 1918*

13. Name of registrar: *J. H. Smith*
14. Signature of registrar: *J. H. Smith*
15. Date of registration: *Dec 15 1918*

52 8119

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 8119

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Albert Jones.

2. DATE
OF
DEATH

Aug 30, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

Maryland.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

16 N. Pulaski St./

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

16 N. Pulaski St.

c. Length of stay in Baltimore

life

5. SEX

Male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widower

8. DATE OF BIRTH

Dec 22, 1868

9. AGE (In years
last birthday)

83

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired Machinist

10B. KIND OF BUSINESS OR
INDUSTRY

Self employed.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

John Thomas Jones.

14. MOTHER'S MAIDEN NAME

Helen Jones.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Ethel Griffin 16 N. Pulaski St.

18. 447X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Pneumonia
Pulmonary EdemaINTERVAL BETWEEN
ONSET AND DEATH

8/23-52

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Arterial Sclerosis
Hypertension

1/12-51

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 22, 1952, to Aug 30, 1952, that I last saw the deceased alive on Aug 29, 1952 and that death occurred at 10:58 a. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

Sept 3 /52

Loudon Park

Frederick Rd. Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 2 1952

Huntington Williams, M.D.

Austin E. Donovan

3818 Roland Ave

VS 150

MEDICAL CERTIFICATION

STATE OF NEW YORK
CERTIFICATE OF DEATH

1922

Albert Jones.

Married.

Baltimore

18 1. January 1922

18 1. January 1922

110

18 22, 1922

Widower

Male White

Married. Occupation: Merchant.

Married

John Jones.

John Thomas Jones.

18 22, 1922

Register 1922

1922

1922

7 552
52 8120BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 8120
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) MATTHEW TIMMONS		2. DATE OF DEATH August 31, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION South Baltimore General Hosp.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 5-0-1	
Length of stay in Baltimore 7 Yrs. Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1223 E. Lexington St.	
5. SEX male	6. COLOR OR RACE colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH June-1-1939
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School		9. AGE (In years last birthday) 13	11. BIRTHPLACE (State or foreign country) Race City Ga.
10B. KIND OF BUSINESS OR INDUSTRY None		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Thomas Timmons		14. MOTHER'S MAIDEN NAME Lulella Jones	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Thomas Timmons 1223 E. Lex. St

18. **E929.8**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)(A) **Drowning**

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
water21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
In water at foot of Williams St. 24/4

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

August 31, 1952 6:15 P.m.WHILE AT WORK ☐ NOT WHILE AT WORK ☒**Drowned while swimming**22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....23C. DATE SIGNED
Sept. 1, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

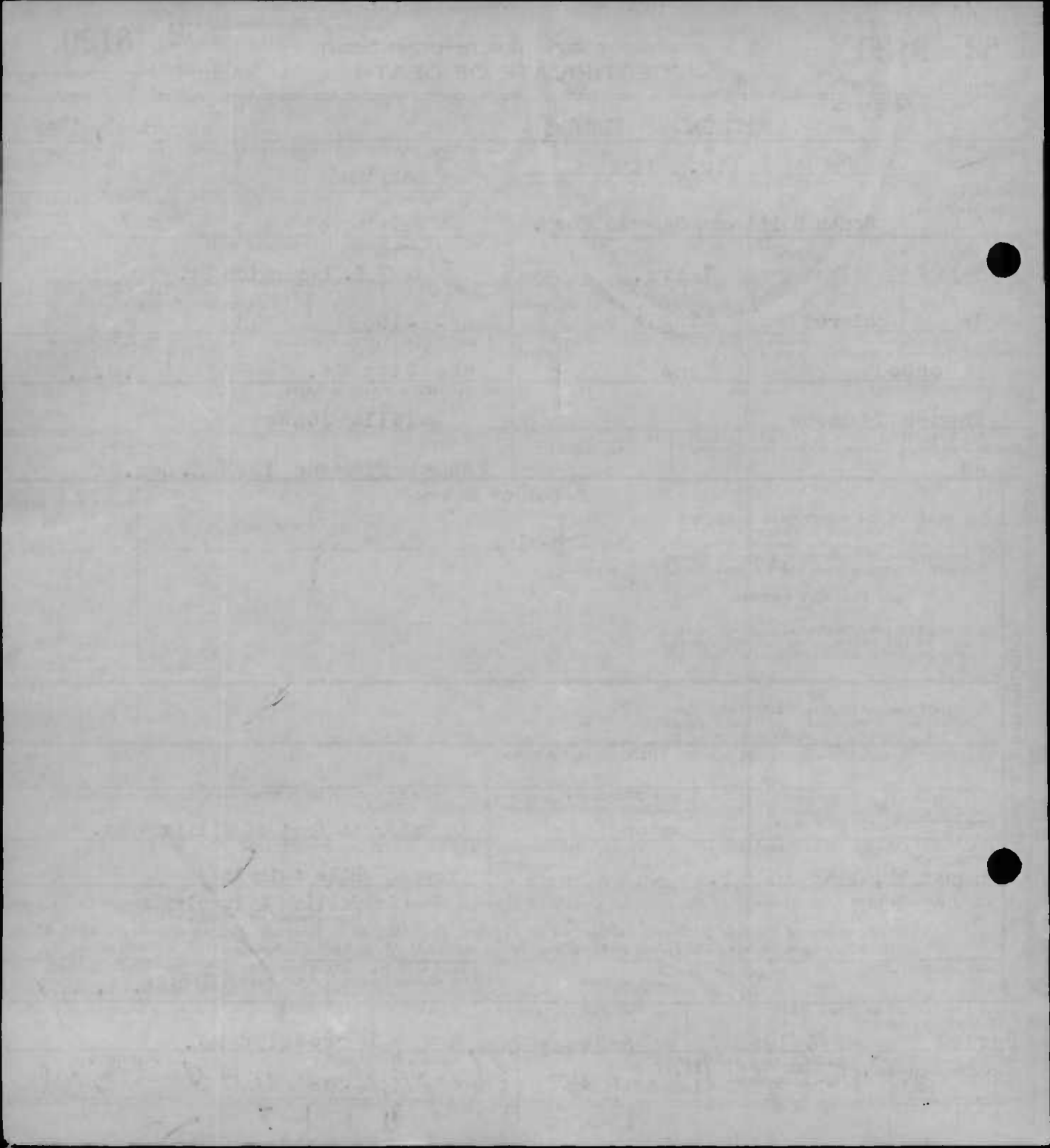
DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

FUNERAL DIRECTOR

ADDRESS

SEP 2 1952**Huntington Williams, MD.****Elroy Wilson 1111 Bunting Ave**



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 8121
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) WILLIAM A. JOHNSON		2. DATE OF DEATH August 28, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION South Baltimore General Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 21-01	
D. STREET ADDRESS (If rural, give location) 445 Henrietta Street		5. SEX Male	
6. COLOR OR RACE Colored		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Feb. 22, 1891		9. AGE (In years last birthday) 61 If Under 1 Year Months: Days If Under 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Longshoreman		10B. KIND OF BUSINESS OR INDUSTRY Water Front	
11. BIRTHPLACE (State or foreign country) Farmville Va.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Unknown		14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	
17. INFORMANT Pearl Johnson		ADDRESS 445 W. Henretta St	

18. 002X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Pulmonary tuberculosis DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT		INTERVAL BETWEEN ONSET AND DEATH
---	--	----------------------------------

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **Inspection & Inquiry** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: **natural causes** ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>R. F. Fisher</i>		23B. CHIEF MEDICAL EXAMINER..... <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input type="checkbox"/> MEDICAL INVESTIGATOR..... <input type="checkbox"/>		23C. DATE SIGNED Aug. 29, 1952
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 9/2/1952	24C. NAME OF CEMETERY OR CREMATORY Mt Calvary Cem.	24D. LOCATION (City, town, or county) (State) Brooklyn Md.	

DATE RECEIVED BY LOCAL REGISTRAR SEP 2 1952		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		FUNERAL DIRECTOR <i>Elroy Wilson</i>		ADDRESS <i>1000 Bunting</i>	
---	--	---	--	---	--	--------------------------------	--

MEDICAL CERTIFICATION

SEP 2 1952
151

1952 94255

1. The first part of the report is a general statement of the work done during the year.

2. The second part is a statement of the work done during the year.

3. The third part is a statement of the work done during the year.

4. The fourth part is a statement of the work done during the year.

5. The fifth part is a statement of the work done during the year.

6. The sixth part is a statement of the work done during the year.

7. The seventh part is a statement of the work done during the year.

8. The eighth part is a statement of the work done during the year.

9. The ninth part is a statement of the work done during the year.

10. The tenth part is a statement of the work done during the year.

11. The eleventh part is a statement of the work done during the year.

12. The twelfth part is a statement of the work done during the year.

13. The thirteenth part is a statement of the work done during the year.

14. The fourteenth part is a statement of the work done during the year.

15. The fifteenth part is a statement of the work done during the year.

16. The sixteenth part is a statement of the work done during the year.

17. The seventeenth part is a statement of the work done during the year.

18. The eighteenth part is a statement of the work done during the year.

19. The nineteenth part is a statement of the work done during the year.

520

52 8122

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 8122

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Louise Goins

2. DATE
OF
DEATH

8-31-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland University Acc. Room

4. USUAL RESIDENCE (Where deceased lived, if institution; residence
A. STATE B. COUNTY

Maryland

Baltimore

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

University of Maryland Hosp

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore City

C. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

1309 Riggs Ave

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

AGE (in years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, or if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 199.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)(A)
DUE TO

Coronary Insufficiency 10 min

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)Marked Anemia
Pelvic NeoplasmII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK22. I hereby certify that I attended the deceased from Aug 31, 1952 to Aug 31, 1952 that I last saw the
deceased alive on Aug 31, 1952 and that death occurred at 12:38 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

J. D. Baker

M. D.

Univ. Hosp

Aug 31

24A. BURIAL, CREMA-
TION REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

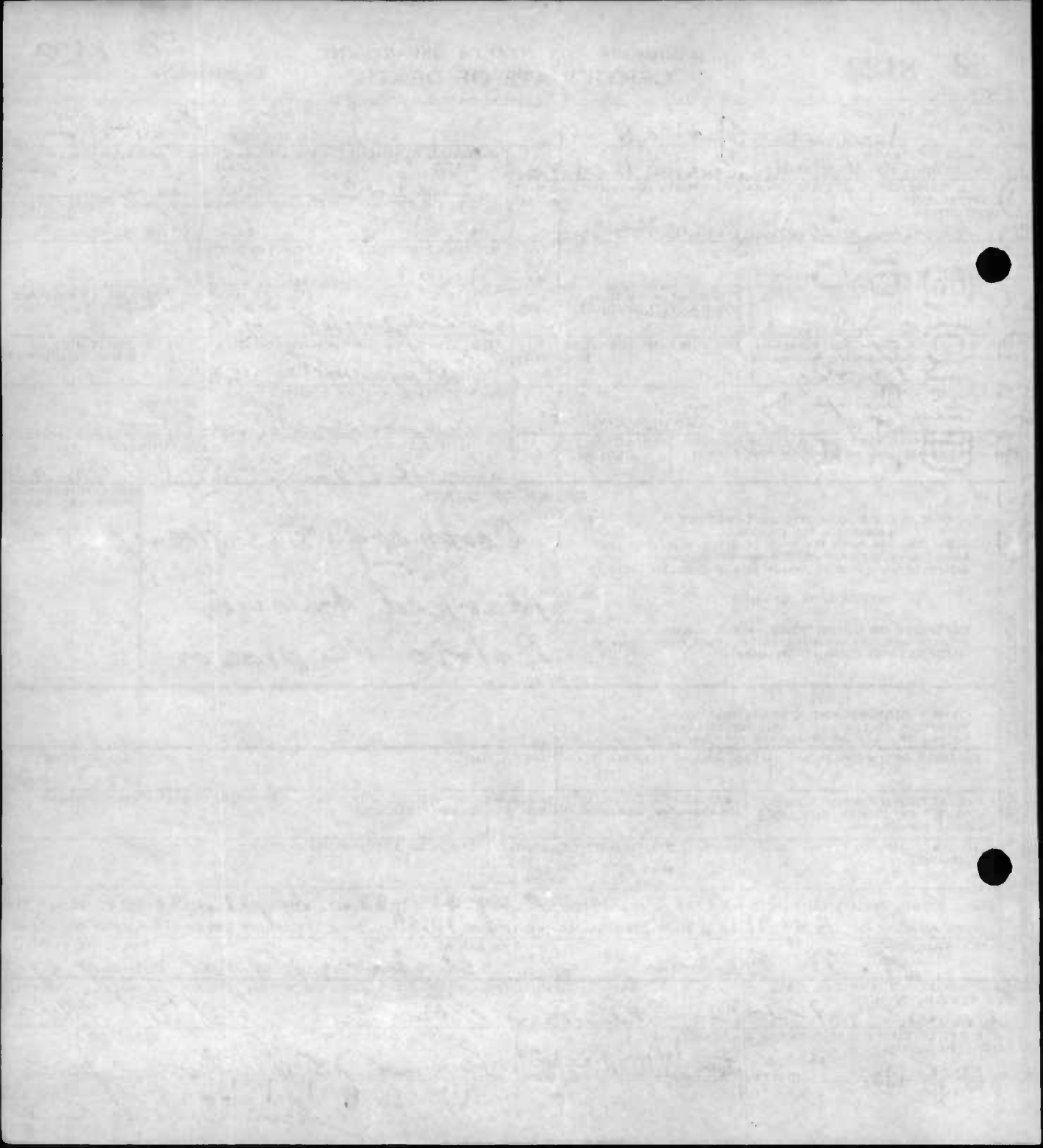
SEP 2 1952

Huntington Williams, M.D.

Samuel W. Sullivan Jr

7258A 1011 N. Huntington Ave

MEDICAL CERTIFICATION



200

52 8123

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 8123

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Charles Franklin Haugh, Sr.

2. DATE
OF
DEATH

August 31, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

1023 Union Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1023 Union Avenue

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Nov. 23, 1876

9. AGE (In years
last birthday)

75

11 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Painter

10B. KIND OF BUSINESS OR
INDUSTRY

House

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U S A

13. FATHER'S NAME

John Albert Haugh

14. MOTHER'S MAIDEN NAME

Catherine Kelley

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

213-10-3761

17. INFORMANT

Mrs. Ruth H. P. Haugh

ADDRESS

1023 Union Avenue

18. 153X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Carcinoma Descending Colon

18 Mo

DUE TO with metastasis to Liver

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 3, 1947, to Aug. 31, 1952, that I last saw the
deceased alive on Aug. 31 52 and that death occurred at 7:15 A. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Sept. 3, 1952

24C. NAME OF CEMETERY OR CREMATORY

St. Mary's (Hamden)

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 2 1952

Huntington Williams, M.D.

Burgee Funeral Home

3631 Falls Road

VS 150

Horace F. Burgee

3183

18

CERTIFICATE OF DEATH

STATE OF NEW YORK

County of ...

City of ...

On the ... day of ...

at ...

... died ...

... at the age of ...

... cause of death ...

... signed ...

... at ...

... in the presence of ...

... and ...

... and ...

... and ...

... and ...

... and ...

... and ...

... and ...

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 8124
Registered No. _____

52 8124
BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) Mrs. Lillian May Ensor			2. DATE OF DEATH August 30, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION 5620 Mattfeldt Avenue			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-15		
c. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 5620 Mattfeldt Avenue		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 3, 1890	9. AGE (In years last birthday) 61	10. Under 1 Year Months: Days Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home			11. BIRTHPLACE (State or foreign country) Maryland		
13. FATHER'S NAME John Nippard			14. MOTHER'S MAIDEN NAME Fannie Hamilton		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. _____		
			17. INFORMANT ADDRESS John W. Elmer Ensor 5620 Mattfeldt Avenue		

18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Heart Disease		INTERVAL BETWEEN ONSET AND DEATH 3 days
DUE TO (A) _____		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Hypertensive C.V. Dis.		
DUE TO (B) _____		
(C) _____		

**II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.**

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **Aug 1, 1951**, to **Aug 30, 1952** that I last saw the deceased alive on **Aug 30, 1952**, and that death occurred at **4:50 P. m.**, from the causes and on the date stated above.

23A. SIGNATURE Edward H. Hamman M. O.	23B. ADDRESS 4037 Falls Rd.	23C. DATE SIGNED 8/31/52
---	---------------------------------------	------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Sept. 3, 1952	24C. NAME OF CEMETERY OR CREMATORY Druid Ridge	24D. LOCATION (City, town, or county) (State) Pikesville, Maryland
--	-----------------------------------	--	--

DATE RECEIVED BY SEP 2 1952	REGISTRAR'S SIGNATURE Huntington Williams, MD	25. FUNERAL DIRECTOR ADDRESS Burgee Funeral Home 3631 Falls Road
---------------------------------------	---	--

Horace F. Burgee

MEDICAL CERTIFICATION

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

April 10, 1933

Mr. William H. Smith

Residence

1234 North Avenue

Age 45

Male

White

Single

Married

Married

John H. Smith, M.D.

Physician

Attending

Place of Death

At home of the deceased
1234 North Avenue
Baltimore, Maryland
Cause of Death
Heart Disease
Myocardial Infarction
Coronary Artery Disease
Hypertension
Atherosclerosis

Signature of Physician

Signature of Registrar

Signature of Witness

Additional information and notes regarding the death and burial.

630

52 8125

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 8125

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Earl F Ward

2. DATE
OF
DEATH

Sep 1, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Osl 6

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

Md.

B. COUNTY

5. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

9-07

D. STREET ADDRESS (If rural, give location)

2605 Robb St.

Length of stay in Baltimore

50

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Aug 24, 1897

9. AGE (In years
last birthday)

55

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

Brick layer

11. BIRTHPLACE (State or foreign country)

Washington D.C.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Stephen Ward

14. MOTHER'S MAIDEN NAME

Anna M. Burton

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

yes World War I

16. SOCIAL
SECURITY NO.

215-09-4166

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 525X

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)CAUSE OF DEATH
Cor pulmonale due to
Chronic pulmonary fibrosisINTERVAL BETWEEN
ONSET AND DEATH

10 + yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Chronic pulmonary infection

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/29, 1952, to 9/1, 1952, that I last saw the
deceased alive on 9/1, 1952, and that death occurred at 8:12 A.M., from the causes and on the date stated above.

23A. SIGNATURE

George A. Edwards

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

9-1-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

9-4-1952

24C. NAME OF CEMETERY OR CREMATORY

BALTO. NATIONAL

24D. LOCATION (City, town, or county) (State)

Bellevue Rd Balto Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, MD

25. FUNERAL DIRECTOR

ADDRESS

George J. Puth Inc.

1735 Hanford Ave.

CERTIFICATE OF DEATH

STATE OF ILLINOIS

CHRONIC PULMONARY DISEASE

CHRONIC PULMONARY DISEASE

CHRONIC PULMONARY DISEASE

CHRONIC PULMONARY DISEASE

CHRONIC PULMONARY DISEASE

CHRONIC PULMONARY DISEASE

CHRONIC PULMONARY DISEASE

CHRONIC PULMONARY DISEASE

CHRONIC PULMONARY DISEASE

CHRONIC PULMONARY DISEASE

CHRONIC PULMONARY DISEASE

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 8126
Registered No.52 8126
BIRTH NO.

1. NAME OF DECEASED (Type or Print) James Redmond (James G. Redmond)		2. DATE OF DEATH 8-31-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 2302 Garrett Ave		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 2302 Garrett Avenue	
EX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH May 6th. 1899
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chauffeur		10B. KIND OF BUSINESS OR INDUSTRY Cab Company	9. AGE (In years last birthday) 52 If Under 1 Year: Months 3 Days 25 If Under 24 Hours: Hours 25 Min.
11. BIRTHPLACE (State or foreign country) Baltimore, Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME John T. Redmond		14. MOTHER'S MAIDEN NAME Mary Ellen Elliott	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) Yes (If yes, give war or dates of service) World War II		16. SOCIAL SECURITY NO. 214-20-5765	
17. INFORMANT Mr. James Wallace Redmond		ADDRESS 509 E. 22nd Street	
18. 422.2 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Myocarditis DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. (C)			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
2. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .			
23A. SIGNATURE William V. Smith		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> M.D. 8-31-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Sept. 3rd. 1952	
24C. NAME OF CEMETERY OR CREMATORY Most Holy Redeemer		24D. LOCATION (City, town, or county) (State) Belair Rd. Balto: Md.	
DATE RECEIVED BY LOCAL REGISTRAR SEP 2 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
25. FUNERAL DIRECTOR George J. Ruth, Inc.		ADDRESS -1735 Harford Avenue	

200

52 8127

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 8127

BIRTH NO.

1. NAME OF DECEASED (Type or Print) HOOS CARRIE E			2. DATE OF DEATH 1 SEPT 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) 2724 E. ASHLAND AVE			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 7-02		
c. Length of stay in Baltimore LIFE TIME			D. STREET ADDRESS (If rural, give location) 2724 Ashland Ave.		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH JUNE 15, 1881		9. AGE (in years last birthday) 71 YRS
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10B. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (State or foreign country) Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME John Buckley			14. MOTHER'S MAIDEN NAME Elizabeth Edwards		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS John Hoos, husband, above		

18. **443X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **HYPERTENSIVE CARDIOVASCULAR DISEASE**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **ARTERIOSCLEROSIS**

DUE TO

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

21G. INJURY

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **22 AUGUST, 1952** to **1 SEPT, 1952**, that I last saw the deceased alive on **25 AUG, 1952**, and that death occurred at **4:10 a.m.**, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 2 1952

Huntington Williams, MD

Schimunek Funeral Home, Inc.
2601-3-5 E. Madison St.

25 JUL 52

RECEIVED
OFFICE OF THE
DIRECTOR

100-100000

TO: DIRECTOR, FBI (100-100000) FROM: SAC, NEW YORK (100-100000)

SUBJECT: [Illegible]

RE: [Illegible]

DATE: [Illegible]

BY: [Illegible]

FOR: [Illegible]

THROUGH: [Illegible]

BY: [Illegible]

DATE: [Illegible]

BY: [Illegible]

DATE: [Illegible]

546
52 8128

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 8128
Registered No.

1. NAME OF DECEASED (Type or Print) WILLIAM ARCHER CAMALIER		2. DATE OF DEATH Sep. 1, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY BALTIMORE CITY	
B. FULL NAME OF HOSPITAL OR INSTITUTION UNION MEMORIAL HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE	
5. Length of stay in Baltimore 54 Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 910 N. STREEPER	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH AUG. 19, 1898
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ELECTRIC WELDER		10B. KIND OF BUSINESS OR INDUSTRY Sparrows Pt.	9. AGE (in years last birthday) 54
11. BIRTHPLACE (State or foreign country) MARYLAND, Baltimore		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME GEORGE P. CAMALIER		14. MOTHER'S MAIDEN NAME IDA PRAETORIUS	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 216-10-4626	
17. INFORMANT DECEASED		ADDRESS 89	
18. 420.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) coronary and generalized arteriosclerosis DUE TO CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH			
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 2		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from AUG. 29, 1952 to SEP. 1, 1952 that I last saw the deceased alive on SEP. 1, 1952 and that death occurred at 9:00 A. m. , from the causes and on the date stated above.			
23A. SIGNATURE Lease D. Hubbard		23B. ADDRESS Union Memorial Hosp. Balto. Md.	
23C. DATE SIGNED Sept. 1, 1952			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Sept. 4, 1952	
24C. NAME OF CEMETERY OR CREMATORY Western Cemetery		24D. LOCATION (City, town, or county) (State) Edmondson Ave., Balto. Md.	
25. FUNERAL DIRECTOR Schimunek Funeral Home, Inc.		ADDRESS 2601-3-5 E. Madison St.	

MEDICAL CERTIFICATION

56853U

4211, 1.000

WILLIAM HENRY HENDERSON MAILING

THIS APPROXIMATE QUANTITY

THOMAS J. HENRY

WILLIAM HENRY HENDERSON MAILING

NO. 9, 1875, 1.000

NO. 9, 1875, 1.000

WILLIAM HENRY HENDERSON MAILING

WILLIAM HENRY HENDERSON MAILING

WILLIAM HENRY HENDERSON MAILING

WILLIAM HENRY HENDERSON MAILING

WILLIAM HENRY HENDERSON MAILING

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WILLIAM HENRY HENDERSON MAILING

WILLIAM HENRY HENDERSON MAILING

WILLIAM HENRY HENDERSON MAILING

WILLIAM HENRY HENDERSON MAILING

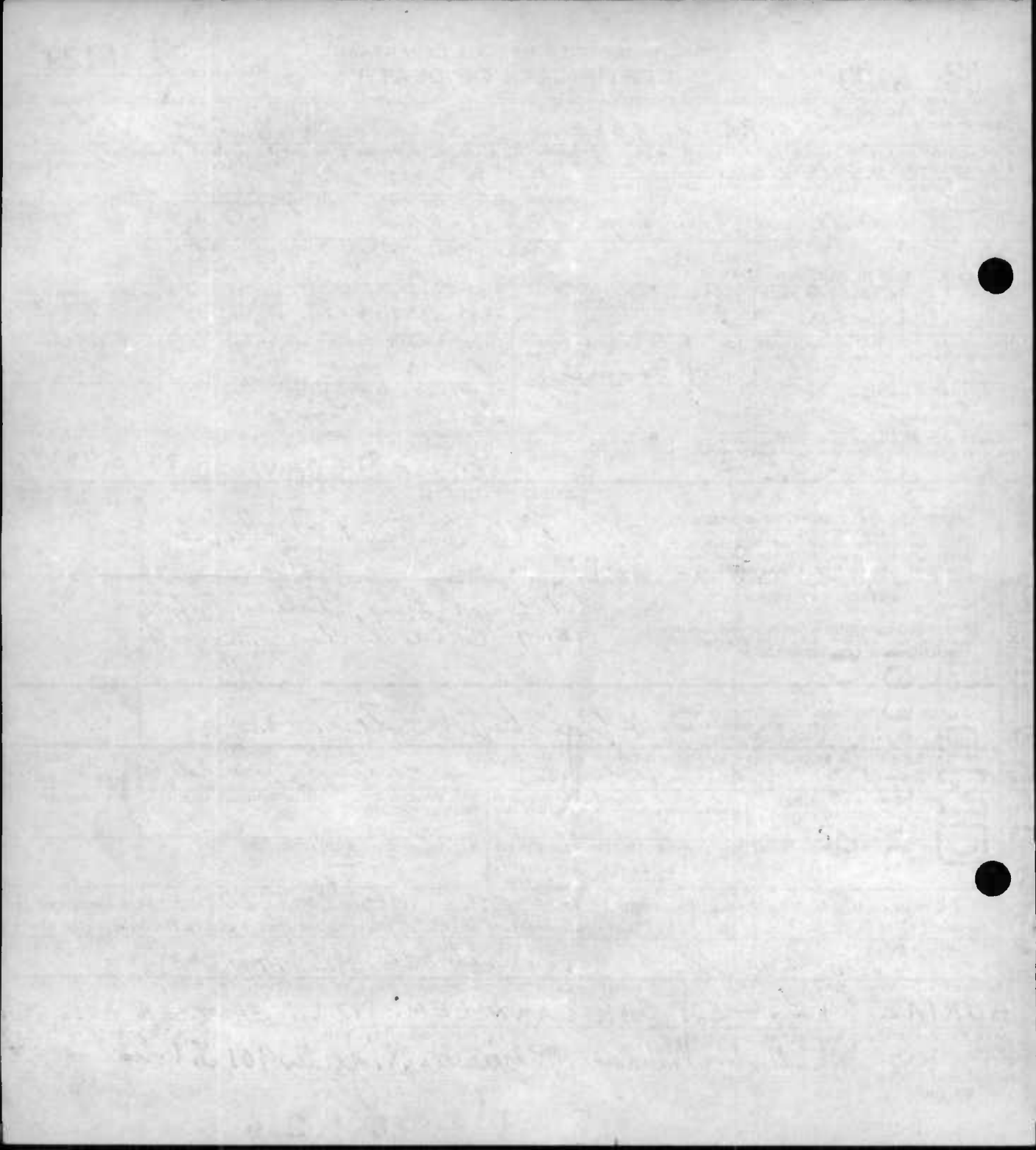
**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 8129
Registered No.

616
52 ~~8129~~
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Anna P. Crawford</i>			2. DATE OF DEATH <i>Aug. 29, 1952</i>		
3. PLACE OF DEATH: <i>South Baltimore Gen. Hospital</i> a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Maryland</i> b. COUNTY <i>Baltimore</i>		
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>South Baltimore Gen. Hospital</i>			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>		
6. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days			d. STREET ADDRESS (If rural, give location) <i>707 S. - 49th ST. #24 5300</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>March 22, 1872</i>	9. AGE (In years last birthday) <i>80</i>	10. Under 1 Year Months: Days: 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>at Home</i>	11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>
13. FATHER'S NAME <i>George Bjer</i>			14. MOTHER'S MAIDEN NAME <i>Louise Elmer</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>NO</i>		16. SOCIAL SECURITY NO. <i>NO -</i>	17. INFORMANT ADDRESS <i>GEORGE D. CRAWFORD 707 S. 49th ST.</i>		

18. <i>584X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <i>Myocardial Failure</i>		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(A) <i>Due to</i> <i>Cholecystectomy, Cholelithiasis and Cholecholestomy</i>			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		<i>Generalized arteriosclerosis</i>			
19A. DATE OF OPERATION <i>Aug. 20, 1952</i>	19B. MAJOR FINDINGS OF OPERATION. <i>Chronic cholecystitis with cholelithiasis & chole-</i>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDER- Lying <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>Aug. 18</i> , 19 <i>52</i> , to <i>Aug. 29</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>Aug 29</i> , 19 <i>52</i> , and that death occurred at <i>7:50 P.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Seung-yeo Tan</i>		23B. ADDRESS <i>South Balto. Gen. Hosp.</i>		23C. DATE SIGNED	
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)		
<i>BURIAL</i>	<i>9-2-52</i>	<i>OAK LAWN CEM.</i>	<i>7225 EASTERN AVE., MD.</i>		
DATE RECEIVED BY LOCAL REGISTRAR <i>SEP 2 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>P. Charles S. Seiler</i>		ADDRESS <i>901 S. Conkling St</i>	



152
52 8130BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 8130
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Edith Evans</i>		2. DATE OF DEATH <i>9-1-52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Balto -</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>University Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore - 26-11</i>			
Length of stay in Baltimore <i>Life</i> Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>1008 S. East Ave</i>			
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Separated</i>	8. DATE OF BIRTH <i>11-23-13</i>	9. AGE (In years last birthday) <i>38</i>	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Horseman</i>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Balto - Md.</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13. FATHER'S NAME <i>Samuel</i>		14. MOTHER'S MAIDEN NAME <i>?</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>Thomas Evans - 1008 S East Ave</i>	
18. <i>171X</i> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Uremia</i> DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Carcinoma of Cervix</i> DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH <i>Uremia</i> <i>Carcinoma of Cervix</i>		INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION <i>6-4-52</i>		19B. MAJOR FINDINGS OF OPERATION <i>Cystoscopy - involvement of bladder; Procto - neg</i>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>8-1-52</i> , 1952, to <i>9-1-52</i> , 1952, that I last saw the deceased alive on <i>8-31</i> , 1952, and that death occurred at <i>3:45 Am.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Shamir</i>		23B. ADDRESS <i>University Hosp.</i>		23C. DATE SIGNED <i>9-1-52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>9-3-52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Sacred Heart</i>	
24D. LOCATION (City, town, or county) (State) <i>Balto - Md</i>		24E. DATE RECEIVED BY LOCAL REGISTRAR <i>SEP 2 1952</i>		24F. REGISTRAR'S SIGNATURE <i>Huntington Williams, MD.</i>	
24G. FUNERAL DIRECTOR <i>Lilly & Zula - 403 N. W. 4</i>		24H. ADDRESS <i>19520008127</i>		24I. SIGNATURE <i>JH</i>	

0818 25

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

0818 25

1. Name of Deceased <i>John Doe</i>		2. Sex <i>Male</i>		3. Age <i>45</i>	
4. Date of Birth <i>11-11-1888</i>		5. Date of Death <i>11-15-1933</i>		6. Place of Birth <i>St. Louis, Mo.</i>	
7. Usual Residence <i>1234 N. Main St., Baltimore, Md.</i>		8. Cause of Death <i>Myocardial Infarction</i>		9. Manner of Death <i>Natural</i>	
10. Signature of Physician <i>Dr. J. H. Smith</i>		11. Signature of Registrar <i>John Doe</i>		12. Signature of Coroner <i>John Doe</i>	
13. Signature of Burial Officer <i>John Doe</i>		14. Signature of Undertaker <i>John Doe</i>		15. Signature of Funeral Home <i>John Doe</i>	
16. Signature of Cemetery <i>John Doe</i>		17. Signature of Interment <i>John Doe</i>		18. Signature of Burial <i>John Doe</i>	
19. Signature of Burial <i>John Doe</i>		20. Signature of Burial <i>John Doe</i>		21. Signature of Burial <i>John Doe</i>	
22. Signature of Burial <i>John Doe</i>		23. Signature of Burial <i>John Doe</i>		24. Signature of Burial <i>John Doe</i>	
25. Signature of Burial <i>John Doe</i>		26. Signature of Burial <i>John Doe</i>		27. Signature of Burial <i>John Doe</i>	
28. Signature of Burial <i>John Doe</i>		29. Signature of Burial <i>John Doe</i>		30. Signature of Burial <i>John Doe</i>	
31. Signature of Burial <i>John Doe</i>		32. Signature of Burial <i>John Doe</i>		33. Signature of Burial <i>John Doe</i>	
34. Signature of Burial <i>John Doe</i>		35. Signature of Burial <i>John Doe</i>		36. Signature of Burial <i>John Doe</i>	
37. Signature of Burial <i>John Doe</i>		38. Signature of Burial <i>John Doe</i>		39. Signature of Burial <i>John Doe</i>	
40. Signature of Burial <i>John Doe</i>		41. Signature of Burial <i>John Doe</i>		42. Signature of Burial <i>John Doe</i>	
43. Signature of Burial <i>John Doe</i>		44. Signature of Burial <i>John Doe</i>		45. Signature of Burial <i>John Doe</i>	
46. Signature of Burial <i>John Doe</i>		47. Signature of Burial <i>John Doe</i>		48. Signature of Burial <i>John Doe</i>	
49. Signature of Burial <i>John Doe</i>		50. Signature of Burial <i>John Doe</i>		51. Signature of Burial <i>John Doe</i>	
52. Signature of Burial <i>John Doe</i>		53. Signature of Burial <i>John Doe</i>		54. Signature of Burial <i>John Doe</i>	
55. Signature of Burial <i>John Doe</i>		56. Signature of Burial <i>John Doe</i>		57. Signature of Burial <i>John Doe</i>	
58. Signature of Burial <i>John Doe</i>		59. Signature of Burial <i>John Doe</i>		60. Signature of Burial <i>John Doe</i>	
61. Signature of Burial <i>John Doe</i>		62. Signature of Burial <i>John Doe</i>		63. Signature of Burial <i>John Doe</i>	
64. Signature of Burial <i>John Doe</i>		65. Signature of Burial <i>John Doe</i>		66. Signature of Burial <i>John Doe</i>	
67. Signature of Burial <i>John Doe</i>		68. Signature of Burial <i>John Doe</i>		69. Signature of Burial <i>John Doe</i>	
70. Signature of Burial <i>John Doe</i>		71. Signature of Burial <i>John Doe</i>		72. Signature of Burial <i>John Doe</i>	
73. Signature of Burial <i>John Doe</i>		74. Signature of Burial <i>John Doe</i>		75. Signature of Burial <i>John Doe</i>	
76. Signature of Burial <i>John Doe</i>		77. Signature of Burial <i>John Doe</i>		78. Signature of Burial <i>John Doe</i>	
79. Signature of Burial <i>John Doe</i>		80. Signature of Burial <i>John Doe</i>		81. Signature of Burial <i>John Doe</i>	
82. Signature of Burial <i>John Doe</i>		83. Signature of Burial <i>John Doe</i>		84. Signature of Burial <i>John Doe</i>	
85. Signature of Burial <i>John Doe</i>		86. Signature of Burial <i>John Doe</i>		87. Signature of Burial <i>John Doe</i>	
88. Signature of Burial <i>John Doe</i>		89. Signature of Burial <i>John Doe</i>		90. Signature of Burial <i>John Doe</i>	
91. Signature of Burial <i>John Doe</i>		92. Signature of Burial <i>John Doe</i>		93. Signature of Burial <i>John Doe</i>	
94. Signature of Burial <i>John Doe</i>		95. Signature of Burial <i>John Doe</i>		96. Signature of Burial <i>John Doe</i>	
97. Signature of Burial <i>John Doe</i>		98. Signature of Burial <i>John Doe</i>		99. Signature of Burial <i>John Doe</i>	
100. Signature of Burial <i>John Doe</i>		101. Signature of Burial <i>John Doe</i>		102. Signature of Burial <i>John Doe</i>	

F432

52 8131

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 8131

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Rachel Fields

2. DATE
OF
DEATH

Aug. 30, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

1411 W. Saratoga St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1411 W. Saratoga St.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Col

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

July 29, 1882

9. AGE (In years last birthday)

70

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Domestic

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Prince Geo. Co. Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Robert Fields

14. MOTHER'S MAIDEN NAME

Martha Brewer

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Marie Matthews W. Saratoga St.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

18. 443x

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Myocardial insufficiency

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

Hypertensive Cardiovascular Dis.

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-1, 1951, to 8-29-1952, that I last saw the deceased alive on 8-29-1952, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 2 1952

Mrs. Kate R. Williams

Schroeder

CERTIFICATE OF DEATH

MASSACHUSETTS DEPARTMENT OF HEALTH

1. Name of deceased		2. Sex		3. Age		4. Date of death	
5. Place of death		6. Cause of death		7. Manner of death		8. Signature of physician	
9. Signature of registrar		10. Signature of informant		11. Signature of witness		12. Signature of funeral director	
13. Signature of undertaker		14. Signature of cemetery		15. Signature of burial place		16. Signature of interment	
17. Signature of crematorium		18. Signature of cremation		19. Signature of cremation		20. Signature of cremation	
21. Signature of cremation		22. Signature of cremation		23. Signature of cremation		24. Signature of cremation	
25. Signature of cremation		26. Signature of cremation		27. Signature of cremation		28. Signature of cremation	
29. Signature of cremation		30. Signature of cremation		31. Signature of cremation		32. Signature of cremation	
33. Signature of cremation		34. Signature of cremation		35. Signature of cremation		36. Signature of cremation	
37. Signature of cremation		38. Signature of cremation		39. Signature of cremation		40. Signature of cremation	
41. Signature of cremation		42. Signature of cremation		43. Signature of cremation		44. Signature of cremation	
45. Signature of cremation		46. Signature of cremation		47. Signature of cremation		48. Signature of cremation	
49. Signature of cremation		50. Signature of cremation		51. Signature of cremation		52. Signature of cremation	
53. Signature of cremation		54. Signature of cremation		55. Signature of cremation		56. Signature of cremation	
57. Signature of cremation		58. Signature of cremation		59. Signature of cremation		60. Signature of cremation	
61. Signature of cremation		62. Signature of cremation		63. Signature of cremation		64. Signature of cremation	
65. Signature of cremation		66. Signature of cremation		67. Signature of cremation		68. Signature of cremation	
69. Signature of cremation		70. Signature of cremation		71. Signature of cremation		72. Signature of cremation	
73. Signature of cremation		74. Signature of cremation		75. Signature of cremation		76. Signature of cremation	
77. Signature of cremation		78. Signature of cremation		79. Signature of cremation		80. Signature of cremation	
81. Signature of cremation		82. Signature of cremation		83. Signature of cremation		84. Signature of cremation	
85. Signature of cremation		86. Signature of cremation		87. Signature of cremation		88. Signature of cremation	
89. Signature of cremation		90. Signature of cremation		91. Signature of cremation		92. Signature of cremation	
93. Signature of cremation		94. Signature of cremation		95. Signature of cremation		96. Signature of cremation	
97. Signature of cremation		98. Signature of cremation		99. Signature of cremation		100. Signature of cremation	

R-100

52 8132

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 8132
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Thomas Ruff

2. DATE
OF
DEATH

Aug 28 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

863 W. Franklin St.

4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

863 W. Franklin St.

C. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years
last birthday)If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 421.4

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Chronic valvular disease of
heart

4 years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT

NOT WHILE

WORK ☐AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-9, 1952 to 8-28, 1952 that I last saw the
deceased alive on 8-27, 1952 and that death occurred at 4:00 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 2 1952

VS 150

97899

MEDICAL CERTIFICATION

1017-95

STATE OF CALIFORNIA
DEPARTMENT OF HEALTH
HABIT OF STAMPEL

STATE OF CALIFORNIA
DEPARTMENT OF HEALTH
HABIT OF STAMPEL

STATE OF CALIFORNIA
DEPARTMENT OF HEALTH
HABIT OF STAMPEL

M-324
52 8133BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 8133
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) ELLA MITCHELL		2. DATE OF DEATH 8-30-52.	
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY	
5. FULL NAME OF (If not in hospital or institution, give street address or location) 1635 N. Gilman St.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore - 15-01	
6. LENGTH OF stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1635 N. Gilman St.	
5. SEX F.	6. COLOR OR RACE Col.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH 2-14-97
9. AGE (In years last birthday) 55		10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY -	
11. BIRTHPLACE (State or foreign country) Bertie Co., N.C.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME William B. Mitchell		14. MOTHER'S MAIDEN NAME Eliza Blizmore	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no.		16. SOCIAL SECURITY NO.	
17. INFORMANT Nannie Flanagan		ADDRESS 1635 N. Gilman St.	

18. 174x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma uterus DUE TO (A) Carcinoma uterus (B) 1 yr. (C) 1 yr.	CAUSE OF DEATH Carcinoma uterus DUE TO (A) Carcinoma uterus (B) 1 yr. (C) 1 yr.	INTERVAL BETWEEN ONSET AND DEATH 1 yr.
---	--	--

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **8-8-52** 19**52**, to **8-30-52**, that I last saw the deceased alive on **8-29-52**, and that death occurred at **9:30 a.m.**, from the causes and on the date stated above.

23A. SIGNATURE George C. Rye	23B. ADDRESS 1816 N. Mount St.	23C. DATE SIGNED 9-2-52.
--	--	------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Sept 3, 1952	24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn	24D. LOCATION (City, town, or county) (State) Baltimore, Md.
DATE RECEIVED BY LOCAL REGISTRAR P 2 1952	REGISTRAR'S SIGNATURE George C. Rye	25. FUNERAL DIRECTOR Mr. Katie R. Williams	
		ADDRESS 322 N. Schuylk St.	

75-20208130

8218

8218

FLA 11/11/11

VALLEY

© 1911

PLANT

1911

52 8134

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 8134

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

LORENA MARIE DI DOMENICO

2. DATE
OF
DEATH

Sept. 1, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

5307 St. Albans Way

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

5307 St. Albans Way 27-12

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

Yrs.
Mos.
Days

8. DATE OF BIRTH

June 17, 1901

9. AGE (In years

last birthday)

51

If Under 1 Year

Months

Days

If Under 24 Hours

Hours

Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

at home

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Connellsville, Penna

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Benjamin Apicella

14. MOTHER'S MAIDEN NAME

Antoinette Mafel

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS 5307

Mr. Jos. F. Di Domenico

St. Albans

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) *Arteriosclerotic Cardiovascular disease*

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.*Chronic Coronary Disease*

4 years

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/31, 1951, to 9/1, 1952, that I last saw the deceased alive on 8/29, 1952, and that death occurred at 4:20 a.m., from the causes and on the date stated above.

23A. SIGNATURE

W. H. Lambard Jr.

M. D.

23B. ADDRESS

17 E. Eden St.

23C. DATE SIGNED

9/2/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

9/3/52

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cem.

24D. LOCATION (City, town, or county) (State)

Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Leonard J. Ruck, 5305 Harford Road.

VS 150

Patient of A.C.C. Lamb, who is not a patient

8134

MEDICAL CERTIFICATION

Townsend
E. Hager St.
1 - 4 / 1985

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 8135**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Christian Stancliff

2. DATE
OF
DEATH

8-30-52

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF
HOSPITAL OR
INSTITUTION

Johns Hopkins Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE

b. COUNTY

Md.

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto.

8-07

d. STREET ADDRESS (If rural, give location)

2003 Bauerschnidt Court

length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Shipping Work

10b. KIND OF BUSINESS OR INDUSTRY

Davis Paint Co.

13. FATHER'S NAME

Christian Stancliff

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Hertude Stancliff, 2003 Bauerschnidt

18. *415X*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

Rheumatic Myocarditis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Myocardial Thrombosis

(C)

Pulmonary Embolism

INTERVAL BETWEEN ONSET AND DEATH

MEDICAL CERTIFICATION

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21a. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY

21e. INJURY OCCURRED WHILE AT ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an *Autopsy* thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23a. SIGNATURE

William V. ...

23b. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
M.D. MEDICAL INVESTIGATOR.....

23c. DATE SIGNED
8-31-52

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 2 1952

Huntington Williams, M.D.

Wm. Cook Inc. 1247 St. Paul St.

8-20-02

Chas. H. Smith

Chas. H. Smith

Wm. H. Smith

Wm. H. Smith

Wm. H. Smith

8-20-02

Wm. H. Smith

L-510
52 8136BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 8136
Registered No.

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) <i>Mina Lamb</i>	
2. DATE OF DEATH <i>8/30/52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>University Hosp.</i>	
C. LENGTH OF stay in Baltimore Yrs. Mos. Days	
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md</i> B. COUNTY	
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
D. STREET ADDRESS (If rural, give location) <i>719 M^{rs} Kewin St 9-03</i>	
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>8/20/1862</i>
9. AGE (In years last birthday) <i>90</i>	10. Under 1 Year Months Days
10. Under 24 Hours Hours Min.	11. BIRTHPLACE (State or foreign country) <i>Balto. Md.</i>
12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	13. FATHER'S NAME <i>J. Layton</i>
14. MOTHER'S MAIDEN NAME	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>
16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <i>Alfred Gaschke, 3812 Hanover St</i>
18. <i>450.0</i> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) <i>Auricular fibrillation with Cardiac decompensation; pulm cong & Broncho pneumonia</i> DUE TO (B) <i>Gen. arteriosclerosis</i> DUE TO (C) INTERVAL BETWEEN ONSET AND DEATH	
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>
21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>8/29</i> 19 <i>52</i> to <i>8/30</i> 19 <i>52</i> that I last saw the deceased alive on <i>8/30</i> 19 <i>52</i> and that death occurred at <i>5:30</i> P.m., from the causes and on the date stated above.	
23A. SIGNATURE <i>Michael J. Foley</i>	23B. ADDRESS <i>University Hosp.</i>
23C. DATE SIGNED <i>8/30/52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>9/3/52</i>
24C. NAME OF CEMETERY OR CREMATORY <i>Balto</i>	24D. LOCATION (City, town, or county) (State) <i>Balto. Md.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>SEP 2 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>
25. FUNERAL DIRECTOR <i>Wm. Cook, Inc.</i>	ADDRESS <i>1217 St. Paul St</i>

CERTIFICATE OF DEATH

REGISTERED IN THE DEPARTMENT OF HEALTH

19

<p>1. NAME OF DECEASED</p>		<p>2. SEX</p>		<p>3. AGE</p>		<p>4. DATE OF BIRTH</p>		<p>5. PLACE OF BIRTH</p>	
<p>6. OCCUPATION</p>		<p>7. CAUSE OF DEATH</p>		<p>8. PLACE OF DEATH</p>		<p>9. DATE OF DEATH</p>		<p>10. TIME OF DEATH</p>	
<p>11. SIGNATURE OF DECEASED</p>		<p>12. SIGNATURE OF WITNESSES</p>		<p>13. SIGNATURE OF DEATH CERTIFICATE OFFICER</p>		<p>14. SIGNATURE OF REGISTRAR</p>		<p>15. SIGNATURE OF MEDICAL OFFICER</p>	
<p>16. SIGNATURE OF CLERK</p>		<p>17. SIGNATURE OF NURSE</p>		<p>18. SIGNATURE OF CHURCH CLERK</p>		<p>19. SIGNATURE OF CHURCH WARDEN</p>		<p>20. SIGNATURE OF CHURCH CHURCH</p>	
<p>21. SIGNATURE OF CHURCH CHURCH</p>		<p>22. SIGNATURE OF CHURCH CHURCH</p>		<p>23. SIGNATURE OF CHURCH CHURCH</p>		<p>24. SIGNATURE OF CHURCH CHURCH</p>		<p>25. SIGNATURE OF CHURCH CHURCH</p>	
<p>26. SIGNATURE OF CHURCH CHURCH</p>		<p>27. SIGNATURE OF CHURCH CHURCH</p>		<p>28. SIGNATURE OF CHURCH CHURCH</p>		<p>29. SIGNATURE OF CHURCH CHURCH</p>		<p>30. SIGNATURE OF CHURCH CHURCH</p>	
<p>31. SIGNATURE OF CHURCH CHURCH</p>		<p>32. SIGNATURE OF CHURCH CHURCH</p>		<p>33. SIGNATURE OF CHURCH CHURCH</p>		<p>34. SIGNATURE OF CHURCH CHURCH</p>		<p>35. SIGNATURE OF CHURCH CHURCH</p>	
<p>36. SIGNATURE OF CHURCH CHURCH</p>		<p>37. SIGNATURE OF CHURCH CHURCH</p>		<p>38. SIGNATURE OF CHURCH CHURCH</p>		<p>39. SIGNATURE OF CHURCH CHURCH</p>		<p>40. SIGNATURE OF CHURCH CHURCH</p>	
<p>41. SIGNATURE OF CHURCH CHURCH</p>		<p>42. SIGNATURE OF CHURCH CHURCH</p>		<p>43. SIGNATURE OF CHURCH CHURCH</p>		<p>44. SIGNATURE OF CHURCH CHURCH</p>		<p>45. SIGNATURE OF CHURCH CHURCH</p>	
<p>46. SIGNATURE OF CHURCH CHURCH</p>		<p>47. SIGNATURE OF CHURCH CHURCH</p>		<p>48. SIGNATURE OF CHURCH CHURCH</p>		<p>49. SIGNATURE OF CHURCH CHURCH</p>		<p>50. SIGNATURE OF CHURCH CHURCH</p>	
<p>51. SIGNATURE OF CHURCH CHURCH</p>		<p>52. SIGNATURE OF CHURCH CHURCH</p>		<p>53. SIGNATURE OF CHURCH CHURCH</p>		<p>54. SIGNATURE OF CHURCH CHURCH</p>		<p>55. SIGNATURE OF CHURCH CHURCH</p>	
<p>56. SIGNATURE OF CHURCH CHURCH</p>		<p>57. SIGNATURE OF CHURCH CHURCH</p>		<p>58. SIGNATURE OF CHURCH CHURCH</p>		<p>59. SIGNATURE OF CHURCH CHURCH</p>		<p>60. SIGNATURE OF CHURCH CHURCH</p>	
<p>61. SIGNATURE OF CHURCH CHURCH</p>		<p>62. SIGNATURE OF CHURCH CHURCH</p>		<p>63. SIGNATURE OF CHURCH CHURCH</p>		<p>64. SIGNATURE OF CHURCH CHURCH</p>		<p>65. SIGNATURE OF CHURCH CHURCH</p>	
<p>66. SIGNATURE OF CHURCH CHURCH</p>		<p>67. SIGNATURE OF CHURCH CHURCH</p>		<p>68. SIGNATURE OF CHURCH CHURCH</p>		<p>69. SIGNATURE OF CHURCH CHURCH</p>		<p>70. SIGNATURE OF CHURCH CHURCH</p>	
<p>71. SIGNATURE OF CHURCH CHURCH</p>		<p>72. SIGNATURE OF CHURCH CHURCH</p>		<p>73. SIGNATURE OF CHURCH CHURCH</p>		<p>74. SIGNATURE OF CHURCH CHURCH</p>		<p>75. SIGNATURE OF CHURCH CHURCH</p>	
<p>76. SIGNATURE OF CHURCH CHURCH</p>		<p>77. SIGNATURE OF CHURCH CHURCH</p>		<p>78. SIGNATURE OF CHURCH CHURCH</p>		<p>79. SIGNATURE OF CHURCH CHURCH</p>		<p>80. SIGNATURE OF CHURCH CHURCH</p>	
<p>81. SIGNATURE OF CHURCH CHURCH</p>		<p>82. SIGNATURE OF CHURCH CHURCH</p>		<p>83. SIGNATURE OF CHURCH CHURCH</p>		<p>84. SIGNATURE OF CHURCH CHURCH</p>		<p>85. SIGNATURE OF CHURCH CHURCH</p>	
<p>86. SIGNATURE OF CHURCH CHURCH</p>		<p>87. SIGNATURE OF CHURCH CHURCH</p>		<p>88. SIGNATURE OF CHURCH CHURCH</p>		<p>89. SIGNATURE OF CHURCH CHURCH</p>		<p>90. SIGNATURE OF CHURCH CHURCH</p>	
<p>91. SIGNATURE OF CHURCH CHURCH</p>		<p>92. SIGNATURE OF CHURCH CHURCH</p>		<p>93. SIGNATURE OF CHURCH CHURCH</p>		<p>94. SIGNATURE OF CHURCH CHURCH</p>		<p>95. SIGNATURE OF CHURCH CHURCH</p>	
<p>96. SIGNATURE OF CHURCH CHURCH</p>		<p>97. SIGNATURE OF CHURCH CHURCH</p>		<p>98. SIGNATURE OF CHURCH CHURCH</p>		<p>99. SIGNATURE OF CHURCH CHURCH</p>		<p>100. SIGNATURE OF CHURCH CHURCH</p>	

C-462 8137
AB-56334 522 8137

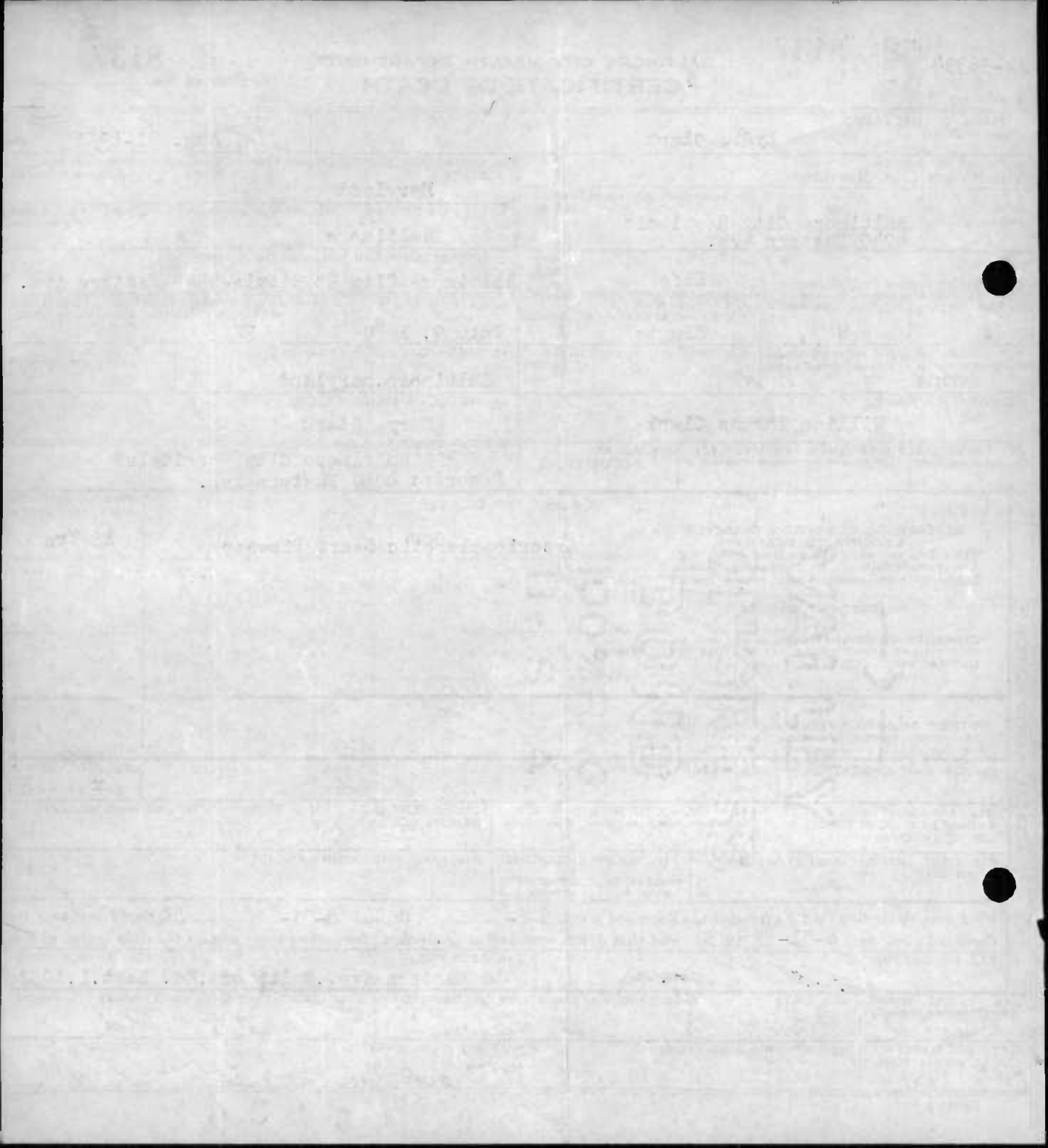
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 8137
Registered No. _____

BIRTH NO. _____		1. NAME OF DECEASED (Type or Print) Lydia Clark		2. DATE OF DEATH Aug. 31-1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____			
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 2-6-12			
D. LENGTH OF stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) Baltimore City Hospitals-4940 Eastern Ave.			
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH July 9, 1880	9. AGE (in years last birthday) 72	10. Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Baltimore, Maryland	
13. FATHER'S NAME William Thomas Clark		14. MOTHER'S MAIDEN NAME Mary Clark			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Baltimore City Hospitals Records: 4940 Eastern Ave.	
18. 420.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic Heart Disease DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH Arteriosclerotic Heart Disease DUE TO DUE TO DUE TO		INTERVAL BETWEEN ONSET AND DEATH 15 Yrs	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 6-6 , 19 40 to 8-31 , 19 52 , that I last saw the deceased alive on 8-31 , 19 52 , and that death occurred at 7.40A m., from the causes and on the date stated above.					
23A. SIGNATURE <i>J. S. Ogen</i>		23B. ADDRESS 4940 Eastern Ave., Baltimore, Md.		23C. DATE SIGNED Sept. 1, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 9/3/52		24C. NAME OF CEMETERY OR CREMATORY Oak Lawn	
24D. LOCATION (City, town, or county) (State) Balto. Md.		25. FUNERAL DIRECTOR Wm. Cook Inc.		25. ADDRESS 1217 St. Paul st	
LOCAL REGISTRAR SEP 2 1952		REGISTRAR'S SIGNATURE <i>Wilmington Williams, MD</i>			

MEDICAL CERTIFICATION

195208134



T-5238138

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 8138
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

SALVATORE TESTA

2. DATE
OF
DEATH

Aug. 31-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived if institution; residence before admission)

A. STATE

Md

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

3511 Bank St

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto.

D. STREET ADDRESS (If rural, give location)

3511 Bank St 26-09

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years,
last birthday)10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.

Male

White

WIDOWED

Mar. 14-1870

82

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. H93X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Smelly - terminal pneumonia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 8/20, 1952 to 8/31, 1952, that I last saw the deceased alive on 8/30, 1952 and that death occurred at 9:20 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMATION,
REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

Huntington Williams, M.D.

John B. Connelly - 418 Eastern Ave

Balto 21, Md.

8818

20

20

20

RECEIVED
FEDERAL BUREAU OF INVESTIGATION
U. S. DEPARTMENT OF JUSTICE

100-100000

100-100000

100-100000

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D-220
52 8139CERTIFICATE COMPLETED 9/18/52
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 8139
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ROBERT DUKES

2. DATE
OF
DEATH

Sept. 1, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Baltimore City Hosp.

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

129 S. Conkling St. 26-08

Length of stay in Baltimore

SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Mar. -15-1930

9. AGE (in years
last birthday)

22

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Lineman

10B. KIND OF BUSINESS OR
INDUSTRY

Gas & Elec. Co

11. BIRTHPLACE (State or foreign country)

Balto., Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Thomas E. Dukes

14. MOTHER'S MAIDEN NAME

Clara L. Kroll

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

yes

World War # 2

16. SOCIAL
SECURITY NO.

17. INFORMANT

Thomas E. Dukes

ADDRESS

18. *Eg 19.8*
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

(A) Gunshot wound of head

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

car

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

In front of Paddock Diner

at Ebenezer Rd. & Rt. 401

5910

21D. TIME (Month) (Day) (Year) (Hour)

Sept. 1, 1952 3:00 A. m.

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Firearms-Accidentally shot self

22. I certify that I took charge of the remains described above, held an autopsy thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. F. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER.....☒
ASSISTANT MEDICAL EXAMINER.....☐
MEDICAL INVESTIGATOR.....☐23C. DATE SIGNED
Sept. 1, 195224A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Sept. 5-1952

24C. NAME OF CEMETERY OR CREMATORY

Balto Natl Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

2 1952

REGISTRAR'S SIGNATURE

Huntington, William, M.D.

25. FUNERAL DIRECTOR

John S. Connolly - 418 Eastern Ave

ADDRESS

Balto 21, md

VS 151

N 803.4

54032

130

See letter in Document File

from Russell S. Fisher, M.D.,
Chief Medical Examiner

9/18/52 ES

S-425
52 8140BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 8140

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mary Schlesinger

2. DATE
OF
DEATH

Sep. 2, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland 023

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

Yrs.
Mos.
Days

C. Length of stay in Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

D. STREET ADDRESS (If rural, give location)

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years,
last birthday)If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 795.5

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) DUE TO
(C)INTERVAL BETWEEN
ONSET AND DEATH

4 weeks

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/28, 1952, to 9/2, 1952, that I last saw the
deceased alive on 9/2, 1952, and that death occurred at 12:40 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Laurance S. Shulman

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

Sep. 2, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

15520208137

1900 Entwistle Ave

CERTIFICATE OF DEATH

10-1-1918

NAME OF DECEASED
JAMES H. HARRIS
RESIDENT OF
CITY OF NEW YORK

10-1-1918

DECLARATION OF DEATH
I, the undersigned, being a duly qualified medical officer of health for the City of New York, do hereby certify that JAMES H. HARRIS, a white male, aged 45 years, born [illegible] at [illegible], New York, died on the 1st day of October, 1918, at [illegible], New York, of [illegible].

Signed: [illegible]
Medical Officer of Health

Witness my hand and the seal of the Department of Health at New York, this 1st day of October, 1918.

10-1-1918

G-125
52 8141BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 8141

BIRTH NO.

1. NAME OF DECEASED (Type or Print) AMOS GIBSON		2. DATE OF DEATH August 30, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals		C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Chase	
5. LENGTH OF STAY IN BALTIMORE		D. STREET ADDRESS (If rural, give location) 5300	
SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH July 13/1919
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor		9. AGE (In years last birthday) 33	
10B. KIND OF BUSINESS OR INDUSTRY Construction (House)		11. BIRTHPLACE (State or foreign country) Kalmia Md	
13. FATHER'S NAME John H Gibson		12. CITIZEN OF WHAT COUNTRY? US	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO.	
17. INFORMANT Mrs Sarah W Gibson Bel Air (RDI) Md		ADDRESS	

18. **E981X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) **Gunshot wound of chest**

DUE TO

ANTECEDENT CAUSES

(B) **Massive left hemothorax**

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Building (outside)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Marshy Point Road and Eastern Avenue	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY August 30, 1952 12:55 A.m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Firearms	

22. I certify that I took charge of the remains described above, held an **Autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.

23A. SIGNATURE William Upchurch		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED Aug. 30, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Buried		24B. DATE Sept 2/52		24C. NAME OF CEMETERY OR CREMATORY Calvary Chapel	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR Joseph T. Foster Bel Air Md	

VS 151 N 862.4

E 278.24

1818		1819		1820		1821		1822		1823		1824		1825		1826		1827		1828		1829		1830		1831		1832		1833		1834		1835		1836		1837		1838		1839		1840		1841		1842		1843		1844		1845		1846		1847		1848		1849		1850		1851		1852		1853		1854		1855		1856		1857		1858		1859		1860		1861		1862		1863		1864		1865		1866		1867		1868		1869		1870		1871		1872		1873		1874		1875		1876		1877		1878		1879		1880		1881		1882		1883		1884		1885		1886		1887		1888		1889		1890		1891		1892		1893		1894		1895		1896		1897		1898		1899		1900		1901		1902		1903		1904		1905		1906		1907		1908		1909		1910		1911		1912		1913		1914		1915		1916		1917		1918		1919		1920		1921		1922		1923		1924		1925		1926		1927		1928		1929		1930		1931		1932		1933		1934		1935		1936		1937		1938		1939		1940		1941		1942		1943		1944		1945		1946		1947		1948		1949		1950		1951		1952		1953		1954		1955		1956		1957		1958		1959		1960		1961		1962		1963		1964		1965		1966		1967		1968		1969		1970		1971		1972		1973		1974		1975		1976		1977		1978		1979		1980		1981		1982		1983		1984		1985		1986		1987		1988		1989		1990		1991		1992		1993		1994		1995		1996		1997		1998		1999		2000		2001		2002		2003		2004		2005		2006		2007		2008		2009		2010		2011		2012		2013		2014		2015		2016		2017		2018		2019		2020		2021		2022		2023		2024		2025		2026		2027		2028		2029		2030		2031		2032		2033		2034		2035		2036		2037		2038		2039		2040		2041		2042		2043		2044		2045		2046		2047		2048		2049		2050		2051		2052		2053		2054		2055		2056		2057		2058		2059		2060		2061		2062		2063		2064		2065		2066		2067		2068		2069		2070		2071		2072		2073		2074		2075		2076		2077		2078		2079		2080		2081		2082		2083		2084		2085		2086		2087		2088		2089		2090		2091		2092		2093		2094		2095		2096		2097		2098		2099		2100		2101		2102		2103		2104		2105		2106		2107		2108		2109		2110		2111		2112		2113		2114		2115		2116		2117		2118		2119		2120		2121		2122		2123		2124		2125		2126		2127		2128		2129		2130		2131		2132		2133		2134		2135		2136		2137		2138		2139		2140		2141		2142		2143		2144		2145		2146		2147		2148		2149		2150		2151		2152		2153		2154		2155		2156		2157		2158		2159		2160		2161		2162		2163		2164		2165		2166		2167		2168		2169		2170		2171		2172		2173		2174		2175		2176		2177		2178		2179		2180		2181		2182		2183		2184		2185		2186		2187		2188		2189		2190		2191		2192		2193		2194		2195		2196		2197		2198		2199		2200		2201		2202		2203		2204		2205		2206		2207		2208		2209		2210		2211		2212		2213		2214		2215		2216		2217		2218		2219		2220		2221		2222		2223		2224		2225		2226		2227		2228		2229		2230		2231		2232		2233		2234		2235		2236		2237		2238		2239		2240		2241		2242		2243		2244		2245		2246		2247		2248		2249		2250		2251		2252		2253		2254		2255		2256		2257		2258		2259		2260		2261		2262		2263		2264		2265		2266		2267		2268		2269		2270	
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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 8142
Registered No. _____

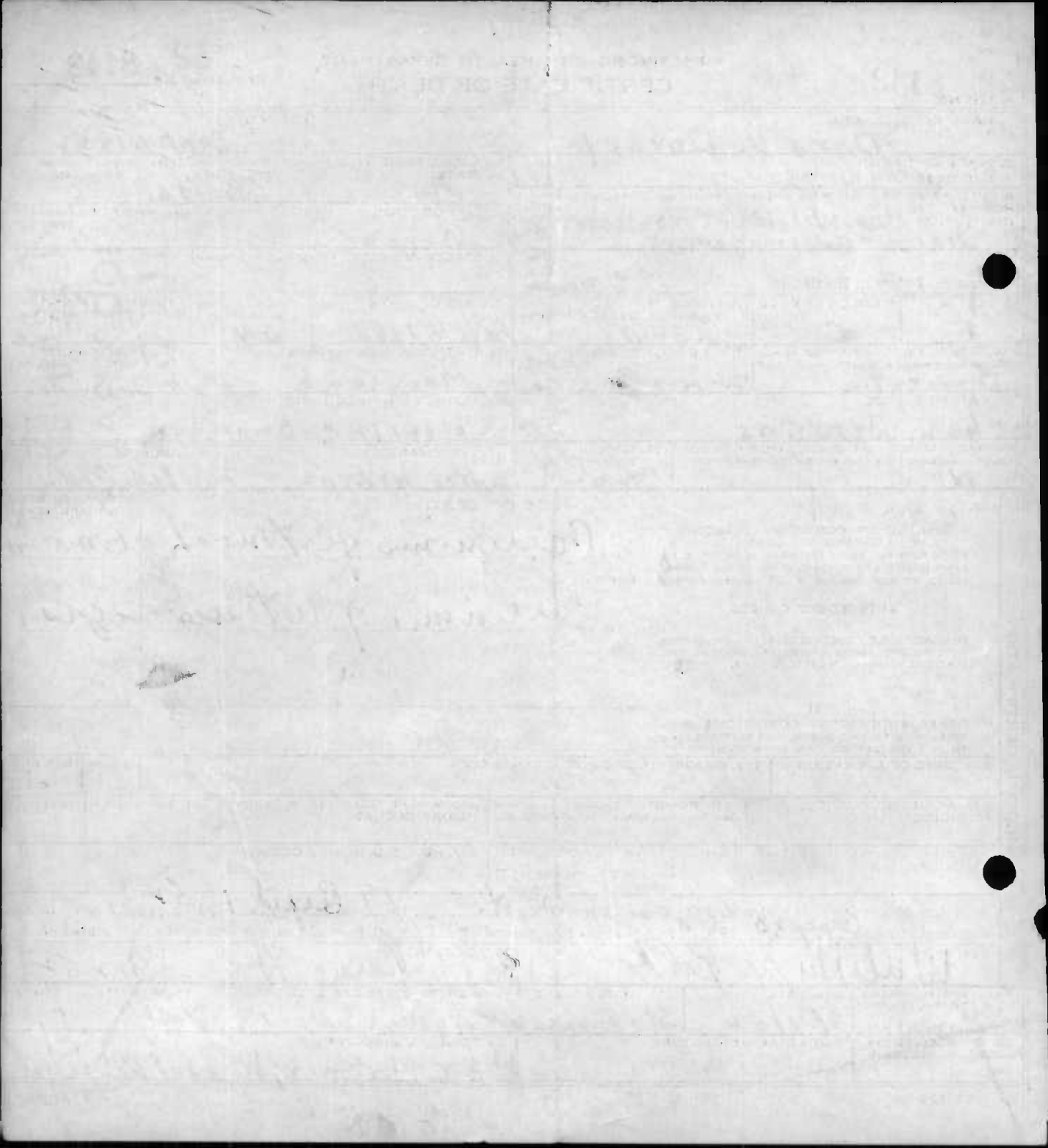
52 8142
BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) Dora V. Doysey			2. DATE OF DEATH Sept. 1, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE MD. B. COUNTY Balto.		
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bar. Wil-Ba-convalescent Home 2101 N. Cold Spring Lane.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Glencoe		
D. Length of stay in Baltimore 8 mos.			E. STREET ADDRESS (If rural, give location) 5300		
5. SEX F	6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widow	8. DATE OF BIRTH Aug. 4, 1888	9. AGE (In years last birthday) 64	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic		10B. KIND OF BUSINESS OR INDUSTRY Private families	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.B.
13. FATHER'S NAME Chas. Jenkins			14. MOTHER'S MAIDEN NAME Josephine Snowden		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. none	17. INFORMANT ADDRESS Walter Jenkins Towson, Md.		

MEDICAL CERTIFICATION

18. 174X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma of Stomach			CAUSE OF DEATH Carcinoma of uterus	INTERVAL BETWEEN ONSET AND DEATH 6 months
DUE TO (A) Carcinoma of uterus				
DUE TO (B) Carcinoma of uterus				
DUE TO (C) _____				
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from Sept. 1, 1952 , to Sept. 1, 1952 , that I last saw the deceased alive on Aug 30, 1952 and that death occurred at 10:10 pm from the causes and on the date stated above.				
23A. SIGNATURE William A. Polk		23B. ADDRESS 1806 Penn. Ave		23C. DATE SIGNED 9.2.52
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 9/4/52	24C. NAME OF CEMETERY OR CREMATORY Stephenson Chapel	24D. LOCATION (City, town, or county) (State) SPARKS, Md.	

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE H. H. H. H.	25. FUNERAL DIRECTOR W. I. Chatman, Jr.	ADDRESS 1701 N. Charles St. Balto. Md.
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BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 8143

52 8143
BIRTH NO. 154361. NAME OF DECEASED
(Type or Print)

Douglas Pauling

2. DATE
OF
DEATH

8-31-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Provident Hospital

Yrs.
Mos.
Days

Length of stay in Baltimore

5. SEX

male

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR
INDUSTRY

none

13. FATHER'S NAME

Ernest Pauline

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

no

16. SOCIAL
SECURITY NO.

none

4. USUAL RESIDENCE (Where deceased lived, If institution; residence
before admission)A. STATE
Maryland

B. COUNTY

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give
township)

D. STREET ADDRESS (If rural, give location)

1349 Gilmore street

8. DATE OF BIRTH

July 9, 1952

9. AGE (In years
last birthday)11 Under 1 Year
Months: Days

1 21

11 Under 24 Hours
Hours: Min.

11. BIRTH PLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A

14. MOTHER'S MAIDEN NAME

Margaret Robinson

17. INFORMANT

ADDRESS

Mary Robinson - 1349 Gilmore St.

18. 491X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

Bronchopneumonia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
m. WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William V. Lovett

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
M.D. MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

8-31-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Sept 3, 1952

24C. NAME OF CEMETERY OR CREMATORY

St. Peters Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

SEP 2 1952

REGISTRAR'S SIGNATURE

Huntington Walliqua, M.D.

25. FUNERAL DIRECTOR

Wm. Lee 108 W. Washington street

ADDRESS

8-31-25

8-31-25

Thompson's

Thompson's

1941

101

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8-31-25

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52 8144

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 8144
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

THEODORAS

HATGIMISIOS

2. DATE
OF
DEATH

September 1, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
location)

HOSPITAL OR

INSTITUTION

Johns Hopkins Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

6-04

D. STREET ADDRESS (If rural, give location)

5 N. Chapel Street

SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

9. AGE (In years
last birthday)

36

10. Under 1 Year
Months Days11. Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Cook

10B. KIND OF BUSINESS OR
INDUSTRY

Phillips Res.

11. BIRTHPLACE (State or foreign country)

Greece

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

?

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Nicholas Hatgimios - 2712 Myrtle St

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asphyxia, etc. It means the disease,
injury or complication which caused death.)

(A) Coronary occlusion

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT WORK ☐ NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....☒

23C. DATE SIGNED

M.D.

MEDICAL INVESTIGATOR.....☒

Sept. 2, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

9-5-52

24C. NAME OF CEMETERY OR CREMATORY

Shank Orthodox

24D. LOCATION (City, town, or county)

Phila - Pa.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Lilly & Zick 403 S. Wolfe

V S 151

MEDICAL CERTIFICATION

correct age is essential. Physicians: please write the cause of death clearly and fully.

525

52 8145

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 8145
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILLIAM ROBERT JOHNSON

2. DATE
OF
DEATH

SEPT. 1, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTE 641 N. KENWOOD AVE.

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE 7-01

D. STREET ADDRESS (If rural, give location)

641 N. KENWOOD AVE.

Length of stay in Baltimore

LIFE

Yrs.
Mos.
Days

5. SEX

M.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

W.

8. DATE OF BIRTH

8-15-82

9. AGE (In years last birthday)

70

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

CLERK

10B. KIND OF BUSINESS OR INDUSTRY

RAILROAD

11. BIRTHPLACE (State or foreign country)

BALTIMORE, MO.

12. CITIZEN OF
WHAT COUNTRY

U.S.A.

13. FATHER'S NAME

JAMES JOHNSON

14. MOTHER'S MAIDEN NAME

MARY (?)

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL

SECURITY NO.

17. INFORMANT

ADDRESS

ALBERTA A. AHLERS - 641 N. KENWOOD AVE.

18. 332X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

BRONCHO-PNEUMONIA

1 WEEK.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

CEREBRAL THROMBOSIS

6 YRS.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C) DUE TO

CEREBRAL ARTERIOSCLEROSIS

6+ YRS.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

NONE

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JUNE 1945 to SEPT. 1, 1952, that I last saw the deceased alive on 9-1-1952, and that death occurred at 10:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Arthur Karygin

M. D.

23B. ADDRESS

4230 Loch Raven Blvd

23C. DATE SIGNED

9-1-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Sept. 4, 1952

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

F. A. Cole 1913 W. Balto. St.

SEP 2 1952

1952 8145

1812

THE NEW YORK PUBLIC LIBRARY
ASTOR LENOX TILDEN FOUNDATION
500 5TH AVENUE NEW YORK 17, N.Y.

1812

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 8146**

BIRTH NO.

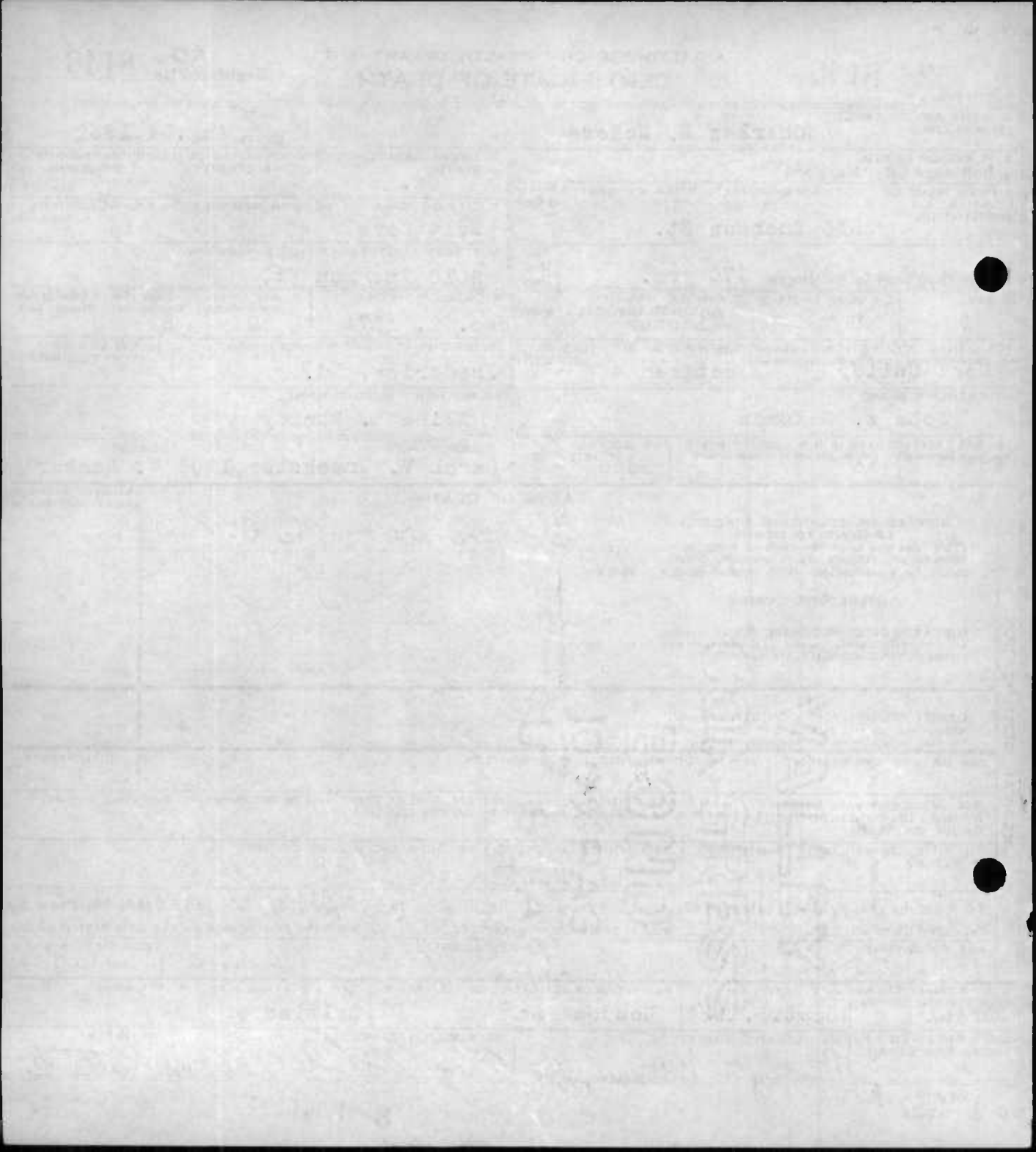
1. NAME OF DECEASED (Type or Print) Charles E. McKewen			2. DATE OF DEATH Aug. 31, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION 2510 Emerson St.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 20-04		
Length of stay in Baltimore 79 yrs. Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 2510 Emerson St.		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH Dec. 2, 1871		9. AGE (in years last birthday) 80
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Meat Cutter			11. BIRTHPLACE (State or foreign country) Frederick, Md.		12. CITIZEN OF WHAT COUNTRY?
10B. KIND OF BUSINESS OR INDUSTRY Retired			14. MOTHER'S MAIDEN NAME Alice E. Buckey		
13. FATHER'S NAME John E. McKewen			17. INFORMANT ADDRESS Sarah V. Drechsler, 1204 W. Lombard		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None			

18. 42211 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Ischemic C.V.D.		INTERVAL BETWEEN ONSET AND DEATH 2 yr.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C) DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDER- Lying <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from June, 1950 to Aug. 31, 1952 , that I last saw the deceased alive on Aug 28, 1952 , and that death occurred at 1:30 P. m. , from the causes and on the date stated above.					
23A. SIGNATURE <i>[Signature]</i>		23B. ADDRESS 3325 Frederick Ave		23C. DATE SIGNED 9/2/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Sept. 3, 1952		24C. NAME OF CEMETERY OR CREMATORY Loudon Park	
				24D. LOCATION (City, town, or county) (State) Baltimore	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE <i>[Signature]</i>		25. FUNERAL DIRECTOR ADDRESS <i>[Signature]</i> 1913 W. Battle St.	

SEP 2 1952

19520008143



52 8147

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 8147
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
HEDWIG CULLEY		September 2, 1952	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. FULL NAME OF HOSPITAL OR INSTITUTION Johns Hopkins Hospital		A. STATE Maryland B. COUNTY Kent	
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		D. STREET ADDRESS (If rural, give location) Rock Hall	
5. SEX Female		8. DATE OF BIRTH April 17, 1878	
6. COLOR OR RACE White		9. AGE (In years last birthday) 74	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeping	
10a. KIND OF BUSINESS OR INDUSTRY home		11. BIRTHPLACE (State or foreign country) Germany	
13. FATHER'S NAME August C Schmidt		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
14. MOTHER'S MAIDEN NAME Augusta Marie Schmidt		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) No.	
16. SOCIAL SECURITY NO. none		17. INFORMANT Edgar W. Culley	
18. E 816.1		ADDRESS Rock Hall, Md.	

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Rupture of spleen

~~DO NOT~~

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Massive peritoneal hemorrhage

(C)

INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

MEDICAL CERTIFICATION

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Street		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Broadway and Orleans Street	
21d. TIME (Month) (Day) (Year) (Hour) Sept. 2, 1952 Noon		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Passenger in auto which collided with truck	
22. I certify that I took charge of the remains described above, held an <u>Partial Autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23a. SIGNATURE William V. Williams		23b. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> M.D. MEDICAL INVESTIGATOR <input type="checkbox"/>		23c. DATE SIGNED Sept. 2, 1952	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept. 5, 1952		24c. NAME OF CEMETERY OR CREMATORY Wesley Chapel Cm.	
24d. LOCATION (City, town, or county) Rock Hall, Maryland		24e. DATE RECEIVED BY LOCAL REGISTRAR SEP 3 1952		24f. REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
24g. FUNERAL DIRECTOR Maurin V. Williams		24h. ADDRESS Chesapeake		24i. Maryland	

CERTIFICATE CORRECTED 9-5-52

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 8148 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Rae Gottlieb Also known as Rachal or Ray Gottlieb		2. DATE OF DEATH 9-2-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore City		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY Anne Arundel	
5. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Annapolis	
6. LENGTH OF STAY IN BALTIMORE 30 Days		D. STREET ADDRESS (If rural, give location) 46 1/2 Southgate Ave.	
5. SEX Female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH June 29, 1894
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 57
13. FATHER'S NAME Hyman Reichel		11. BIRTHPLACE (State or foreign country) New York	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		12. CITIZEN OF WHAT COUNTRY?	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME	
17. INFORMANT Jack Gottlieb		ADDRESS Annapolis	

18. 421.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH (A) Myocardial stenosis, aneurysm, fibrous tissue DUE TO (B) multiple pulmonary and peripheral emboli DUE TO (C) left pleural effusion	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **7-3**, 19**52** to **9-2**, 19**52** that I last saw the deceased alive on **9-2**, 19**52**, and that death occurred at **9:30 Pm.**, from the causes and on the date stated above.

23A. SIGNATURE Virginia Hunter	23B. ADDRESS University Hospital	23C. DATE SIGNED 9-2-52
--	--	-----------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) burial	24B. DATE SEP 3/52	24C. NAME OF CEMETERY OR CREMATORY Kenneth A. Rose	24D. LOCATION (City, town, or county) (State) Three miles east and
DATE RECEIVED BY SEP 3 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR B. L. Huggins & Son	ADDRESS Annapolis

STATE OF NEW YORK
DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Cause of Death

1. Immediate Cause of Death
2. Intermediate Cause of Death
3. Underlying Cause of Death
4. Manner of Death
5. Place of Death
6. Date of Death
7. Time of Death
8. Age at Death
9. Sex
10. Race
11. Marital Status
12. Occupation
13. Education
14. Religion
15. Birth Date
16. Birth Place
17. Birth Country
18. Birth State
19. Birth City
20. Birth County
21. Birth State
22. Birth Country
23. Birth State
24. Birth Country

II
1. Date of Death
2. Time of Death
3. Place of Death
4. Manner of Death
5. Underlying Cause of Death
6. Intermediate Cause of Death
7. Immediate Cause of Death
8. Age at Death
9. Sex
10. Race
11. Marital Status
12. Occupation
13. Education
14. Religion
15. Birth Date
16. Birth Place
17. Birth Country
18. Birth State
19. Birth City
20. Birth County
21. Birth State
22. Birth Country
23. Birth State
24. Birth Country

III
1. Date of Death
2. Time of Death
3. Place of Death
4. Manner of Death
5. Underlying Cause of Death
6. Intermediate Cause of Death
7. Immediate Cause of Death
8. Age at Death
9. Sex
10. Race
11. Marital Status
12. Occupation
13. Education
14. Religion
15. Birth Date
16. Birth Place
17. Birth Country
18. Birth State
19. Birth City
20. Birth County
21. Birth State
22. Birth Country
23. Birth State
24. Birth Country

IV
1. Date of Death
2. Time of Death
3. Place of Death
4. Manner of Death
5. Underlying Cause of Death
6. Intermediate Cause of Death
7. Immediate Cause of Death
8. Age at Death
9. Sex
10. Race
11. Marital Status
12. Occupation
13. Education
14. Religion
15. Birth Date
16. Birth Place
17. Birth Country
18. Birth State
19. Birth City
20. Birth County
21. Birth State
22. Birth Country
23. Birth State
24. Birth Country

V
1. Date of Death
2. Time of Death
3. Place of Death
4. Manner of Death
5. Underlying Cause of Death
6. Intermediate Cause of Death
7. Immediate Cause of Death
8. Age at Death
9. Sex
10. Race
11. Marital Status
12. Occupation
13. Education
14. Religion
15. Birth Date
16. Birth Place
17. Birth Country
18. Birth State
19. Birth City
20. Birth County
21. Birth State
22. Birth Country
23. Birth State
24. Birth Country

VI
1. Date of Death
2. Time of Death
3. Place of Death
4. Manner of Death
5. Underlying Cause of Death
6. Intermediate Cause of Death
7. Immediate Cause of Death
8. Age at Death
9. Sex
10. Race
11. Marital Status
12. Occupation
13. Education
14. Religion
15. Birth Date
16. Birth Place
17. Birth Country
18. Birth State
19. Birth City
20. Birth County
21. Birth State
22. Birth Country
23. Birth State
24. Birth Country

VII
1. Date of Death
2. Time of Death
3. Place of Death
4. Manner of Death
5. Underlying Cause of Death
6. Intermediate Cause of Death
7. Immediate Cause of Death
8. Age at Death
9. Sex
10. Race
11. Marital Status
12. Occupation
13. Education
14. Religion
15. Birth Date
16. Birth Place
17. Birth Country
18. Birth State
19. Birth City
20. Birth County
21. Birth State
22. Birth Country
23. Birth State
24. Birth Country

52 8149

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 8149

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ELIZABETH ROLF

2. DATE
OF
DEATH

SEPT. 1, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland BALTO. MD

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

HOOD-CONVALESCENT HOME

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

BALTO

MD.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

BALTIMORE 20-04

D. STREET ADDRESS (If rural, give location)

106 WILLARD ST.

Length of stay in Baltimore

69 yrs.

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

April 13, 1883

9. AGE (In years
last birthday)

69

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

CHOKE WOMAN-RET. 10 yrs.

10B. KIND OF BUSINESS OR
INDUSTRYSYN KATE
JEWELLERS

11. BIRTHPLACE (State or foreign country)

BALTO. MD.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

UNKNOWN

14. MOTHER'S MAIDEN NAME

UNKNOWN

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

212-032854A

17. INFORMANT

JOHN L. ROLF JR. N. CULBERT ST.

ADDRESS 239

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Apoplexy with Right Hemiplegia 8 Days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Hypertensive Heart Disease 3 years

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 9, 1949, to Sep 1, 1952 that I last saw the
deceased alive on Sep 1, 1952 and that death occurred at 3:30 a. m., from the causes and on the date stated above.

23A. SIGNATURE

Alfred Cole M. D.

23B. ADDRESS

136 S. HILTON ST.

23C. DATE SIGNED

Sep 2, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Sept. 13, 1952

24C. NAME OF CEMETERY OR CREMATORY

London Park

24D. LOCATION (City, town, or county)

BALTO. MD

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Henry E. Dill, Fresh, Ave.

ADDRESS 3104

SEP 3 1952

VS 150

MEDICAL CERTIFICATION

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 8150
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) Florence Rogers			2. DATE OF DEATH Aug.-30-1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 849 Lemmon Street			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 849 Lemmon Street		
5. SEX Female	6. COLOR OR RACE Col.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Sept. 28, 1900		9. AGE (In years last birthday) 51
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (State or foreign country) Baltimore		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Benjamin Smith			14. MOTHER'S MAIDEN NAME Sussie Smith		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. _____	17. INFORMANT ADDRESS Bessie Rogers 107 Hayes Street		

18. 230X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) Intestinal Obstruction DUE TO (B) Intussusception DUE TO (C) Teasel	INTERVAL BETWEEN ONSET AND DEATH 2 months 2 months
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**II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONOITION CAUSING IT.**

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **8-25**, 19**52**, to **8-30**, 19**52**, that I last saw the deceased alive on **8-29**, 19**52**, and that death occurred at **8 A** m., from the causes and on the date stated above.

23A. SIGNATURE John P. Unbeck, Jr.	23B. ADDRESS 1227 Ward Blvd	23C. DATE SIGNED
--	---------------------------------------	------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 9/2/1952	24C. NAME OF CEMETERY OR CREMATORY Mt Arburn Cem.	24D. LOCATION (City, town, or county) (State) Baltimore Md.
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DATE RECEIVED BY LOCAL REGISTRAR SEP 3 1952	REGISTRAR'S SIGNATURE Huntington Williams, Jr.	25. FUNERAL DIRECTOR Elroy Wilson 1100 Brantley Ave	ADDRESS
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245

52 8151

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 8151

BIRTH NO.

1. NAME OF DECEASED (Type or Print) MASLIN; ETHEL WRIGHT		2. DATE OF DEATH SEP 2, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY BALTO. CITY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 2 ELMHURST RD BALTO MD		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 27-14	
C. Length of stay in Baltimore 75 Yrs. 11 Mos. 25 Days		D. STREET ADDRESS (If rural, give location) 2 ELMHURST RD	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 10-27-76
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10B. KIND OF BUSINESS OR INDUSTRY NONE	9. AGE (In years last birthday) 75
11. BIRTHPLACE (State or foreign country) BALTO. CITY		12. CITIZEN OF WHAT COUNTRY? U S	
13. FATHER'S NAME FRANK L. WRIGHT		14. MOTHER'S MAIDEN NAME MARGARET GLIPHANT	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO. NONE	
17. INFORMANT Robert S. Maslin Jr.		ADDRESS 4702 Reservoir Rd	
18. 153X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma of Colon with metastases		INTERVAL BETWEEN ONSET AND DEATH 2 yrs	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (A) DUE TO (B) DUE TO (C) DUE TO			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY 9/1/52		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 8/24/52 to 9/2/52 , that I last saw the deceased alive on 9/1/52 , and that death occurred at 4:15 p.m. , from the causes and on the date stated above.			
23A. SIGNATURE William D. Jenner		23B. ADDRESS 11 W 27 St Balto	
23C. DATE SIGNED 9/3/52			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Sept 4/52	
24C. NAME OF CEMETERY OR CREMATORY Loudon Park		24D. LOCATION (City, town, or county) (State) Balto Md	
DATE RECEIVED BY LOCAL REGISTRAR SEP 3 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
25. FUNERAL DIRECTOR Henry W. Jenkins & Son Co		ADDRESS 4905 York Rd	

VS 150

MEDICAL CERTIFICATION

Dr. Penner
11 N. 29th St.

-652

GRIMES

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 8152

Registered No. 52 8152

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>William Hearne Grimes</i>		2. DATE OF DEATH <i>Sept 2 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>md</i> B. COUNTY			
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>207 E Highfield Rd</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto.</i> <i>27-11</i>			
Length of stay in Baltimore <i>40</i> Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>207 E Highfield Rd</i>			
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>Oct 4 1871</i>	9. AGE (In years last birthday) <i>80</i>	If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Ref. Vice Chairman</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Commercial credit co</i>		11. BIRTHPLACE (State or foreign country) <i>Wash DC</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13. FATHER'S NAME <i>Alexander V Grimes</i>		14. MOTHER'S MAIDEN NAME <i>Mary Estelle Kirkland</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO. <i>218-09-0679-A</i>		17. INFORMANT ADDRESS <i>Wmd Grimes 100 N Oakdale Rd</i>	
18. <i>332X</i> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO (A) <i>Cerebral thrombosis</i> ANTECEDENT CAUSES DUE TO (B) <i>Arterio sclerosis</i> DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Hypertension</i>		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH <i>2 wks</i> <i>years</i>	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Aug 26</i> , 19 <i>52</i> to _____, 19____, that I last saw the deceased alive on <i>Sept 1</i> , 19 <i>52</i> , and that death occurred at <i>3:00</i> p.m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Ernest C Brown</i>		M. D. <i>1101 N. Calvert St</i>		23B. DATE SIGNED <i>Sept 3, 1952</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Sept 4 1952</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Green Mount</i>	
24D. LOCATION (City, town, or county) (State) <i>Balto md</i>		DATE RECEIVED BY LOCAL REGISTRAR <i>SEP 3 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, Md</i>	
25. FUNERAL DIRECTOR <i>Henry N. Jenkins, Sonco 4905 York Rd</i>		ADDRESS			

MEDICAL CERTIFICATION

18520008140

CERTIFICATE OF DEATH

STATE OF OHIO

DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
COLUMBUS, OHIO

Dr. Ernest C Brown
1101 N. Calvert St

453

52 8153

52 8153

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Dr. Frank A. Glantz

2. DATE

OF
DEATH August 31, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland 7 Wendover Road

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

7 Wendover Road

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Oct. 5, 1874

9. AGE (In years
last birthday)

77

10 Under 1 Year
Months: Days11 Under 24 hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Physician

10B. KIND OF BUSINESS OR
INDUSTRY

Medicine

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Christian Glantz

14. MOTHER'S MAIDEN NAME

Catherine E. Strahler

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No.

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Marie O'Keefe 7 Wendover Road,

18. 420.0 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Coronary Arteriosclerosis

Instant

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Arteriosclerotic Heart Disease 5 yrs.
(C) Gen. Arteriosclerosis ?II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from 1949, 19, to 8-31-, 1952 that I last saw the
deceased alive on 8-31-, 1952 and that death occurred at 3 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Druid Ridge

Pikesville, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 3 1952

Huntington Williams, M.D.

Fullrich Runeral Home 2008 Orleans St.

VS 150

MEDICAL CERTIFICATION

200

52 8151

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

52 8154

BIRTH NO.

50-27146

1. NAME OF DECEASED
(Type or Print)

DIGGS, GLORIE WIDE

2. DATE
OF
DEATH

8/29/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

UNIV. HOSPITAL

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
before admission)

A. STATE

B. COUNTY

MD.

BALTO

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTO

19-01

D. STREET ADDRESS (If rural, give location)

413 N. FULTON ST

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

CHILD

8. DATE OF BIRTH

12-10-50

9. AGE (In years
last birthday)

12

10. Under 1 Year
Months Days

10

11. Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

JAMES DIGGS

14. MOTHER'S MAIDEN NAME

ALBERTA SMITH

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

James H. Diggs, 413 N. Fulton Ave

18. E885.0 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) HEAD KNEE PHALOPATHY

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

?

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

CERTIFICATION APPROVED BY

Wm. B. Smith, Jr. M.D.
CHIEF OR ASST. MEDICAL EXAMINERII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 8/28/52, 19__, to 8/29/52, 19__, that I last saw the
deceased alive on 8/29, 1952, and that death occurred at 12:00 PM, from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 3 1952

Huntington Williams, M.D.

Charles R. Law, 802 Mad. Ave.

VS 150

N966.0

52-27146-8151

MEDICAL CERTIFICATION

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

DATE OF BIRTH

DATE OF DEATH

AGE

SEX

RACE

EDUCATION

RELIGION

CAUSE OF DEATH

PLACE OF BIRTH

PLACE OF DEATH

DATE OF INTERMENT

DATE OF BURIAL

PLACE OF INTERMENT

NAME OF INTERMENT

NAME OF BURIAL

NAME OF FUNERAL HOME

NAME OF MINISTER

NAME OF CHURCH

NAME OF CEMETERY

NAME OF FUNERAL HOME

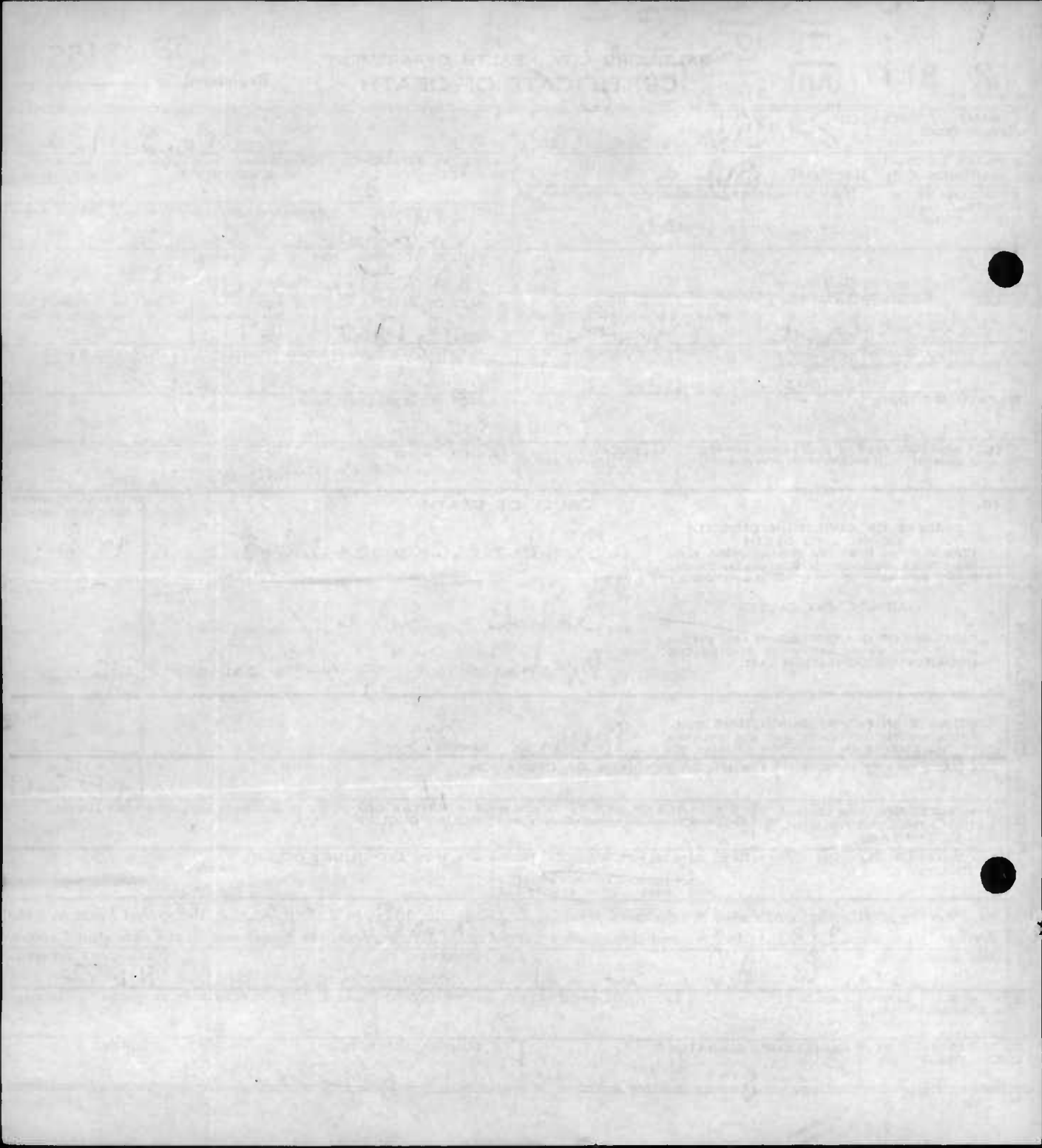
NAME OF MINISTER

DATE OF INTERMENT

DATE OF BURIAL

NAME OF INTERMENT

NAME OF BURIAL



315
52 8156

BALTIMORE CITY HEALTH DEPARTMENT

52 8156

CERTIFICATE OF DEATH

Registered No.

BIRTH NO. 52-20435 Wm. H. Stubbs

1. NAME OF DECEASED
(Type or Print)

Baby Bay Stubbs

2. DATE
OF
DEATH

8-28-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

St Agnes Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Md

Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

1203 Maiden Lane 5200

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

8-28-52

9. AGE (In years

last birthday)

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Edward Stubbs

14. MOTHER'S MAIDEN NAME

Adelaide Miller

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 761.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) anoxemia

DUE TO

7 mi

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE, (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Prognosis 7 card

DUE TO

20 mi

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

IN.

WORK ☐AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/28, 1952, to 8/28, 1952, that I last saw the
deceased alive on 8/28, 1952, and that death occurred at 11:45 p.m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE, SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 3 1952

Huntington Williams, M.D.

Dill Bros. Fredk, Ave.

100-100000

UNITED STATES DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF INVESTIGATION

100-100000

[Faint, mostly illegible text and markings covering the page, including what appears to be a large 'X' or '1' in the center.]

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 8157**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) THOMAS GARRY		2. DATE OF DEATH Sept. 1, 1952	
3. PLACE OF DEATH: a. Baltimore City, Maryland Balto. Md		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Maryland b. COUNTY Baltimore	
b. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Morgue		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
Length of stay in Baltimore life		d. STREET ADDRESS (If rural, give location) 1924 Maisel Street	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH Nov. 15 1933
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Newspaper Carrier		9. AGE (In years last birthday) 18	
10b. KIND OF BUSINESS OR INDUSTRY Newspaper		11. BIRTHPLACE (State or foreign country) Balto. Md.	
13. FATHER'S NAME Samuel T. Garry		12. CITIZEN OF WHAT COUNTRY? USA	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO.	
17. INFORMANT Mrs. Margaret I. Sutherland		ADDRESS Baltimore	

18. E 929.8 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) (A) Drowning DUE TO		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES (B) DUE TO		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) storm drain		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Ontario and Amber Sts.	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY July 8, 1952 (disappeared)		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input checked="" type="checkbox"/> AT WORK		21f. HOW DID INJURY OCCUR? Swept into storm drain	

22. I certify that I took charge of the remains described above, held an **inspection & inquiry** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23a. SIGNATURE R. R. Fisher		23b. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23c. DATE SIGNED Sept. 3, 1952	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept. 4, 1952		24c. NAME OF CEMETERY OR CREMATORY New Cathedral	
DATE RECEIVED BY LOCAL REGISTRAR SEP 3 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR H. H. Evans	
VS 151		N 990X		5426 4th St Baltimore	

MEDICAL CERTIFICATION

Correct age is extremely important. If uncertain, please write the dates of birth and death.

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 8158
Registered No.

BIRTH NO. 52 8158		1. NAME OF DECEASED (Type or Print) EMMA M. KRAUS		2. DATE OF DEATH AUG: 31: 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY 28			
5. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) 4213 Massachusetts Ave		C. CITY OR TOWN (If outside corporate limits, with RURAL and give township) Baltimore City			
6. LENGTH OF STAY IN BALTIMORE Life		D. STREET ADDRESS (If rural, give location) 4213 Massachusetts Ave.			
7. SEX Female	8. COLOR OR RACE White	9. 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	10. 8. DATE OF BIRTH 10-26-1876	11. 9. AGE (In years last birthday) 75	12. If Under 1 Year Months: Days Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (State or foreign country) Baltimore Maryland	
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME George M. Manger		14. MOTHER'S MAIDEN NAME Elizabeth Beck	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No.		16. SOCIAL SECURITY NO. None		17. INFORMANT ADDRESS F. Henry Kraus	

18. 443X and 153X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Haemorrhage.		INTERVAL BETWEEN ONSET AND DEATH 2 days.
(A) DUE TO Arteriosclerotic, Hypertensive		
(B) DUE TO Cardiovascular disease		
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Generalized arteriosclerosis		Several years.
(A) DUE TO		
(B) DUE TO		
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Carcinoma of sigmoid		18 months

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from March 1, 1951 to August 31, 1951, that I last saw the deceased alive on Aug 31, 1951, and that death occurred at 8:00 PM, from the causes and on the date stated above.

23A. SIGNATURE Wm Trichel M. D. 23B. ADDRESS 1015 Poplar Grove St. 23C. DATE SIGNED Sept 1 1952

24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE SEPT: 3 : 52		24C. NAME OF CEMETERY OR CREMATORY Lorraine Park Cemetery		24D. LOCATION (City, town, or county) (State) Woodlawn Maryland	
--	--	----------------------------------	--	---	--	---	--

DATE RECEIVED BY LOCAL REGISTRAR SEP 3 1952		REGISTRAR'S SIGNATURE <u>Huntington Williams, M.D.</u>		FUNERAL DIRECTOR <u>F. B. Wippert & Son</u>		ADDRESS	
---	--	---	--	--	--	---------	--

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

AGE

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

DATE OF BIRTH

SEX

EDUCATION

DATE OF BIRTH

CAUSE OF DEATH

PLACE OF DEATH

DATE OF DEATH

CAUSE OF DEATH

PLACE OF DEATH

DATE OF DEATH

CAUSE OF DEATH

PLACE OF DEATH

DATE OF DEATH

CAUSE OF DEATH

PLACE OF DEATH

DATE OF DEATH

CAUSE OF DEATH

PLACE OF DEATH

DATE OF DEATH

CAUSE OF DEATH

PLACE OF DEATH

DATE OF DEATH

500
52 8159
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 8159

Registered No.

1. NAME OF DECEASED (Type or Print) EMMA K. HANN		2. DATE OF DEATH Sept. 1, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 3951 Falls Rd.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 3951 Falls Road		E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days	
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Aug. 22, 1865
9. AGE (In years last birthday) 87		10. UNDER 1 Year Months: Days 11. UNDER 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Ind		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Stella Wagner 3579 Resnick Rd.		ADDRESS	
18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, apoplexy, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic cardiovascular disease DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .			
23A. SIGNATURE R. Fisher		23B. CHIEF MEDICAL EXAMINER..... <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input type="checkbox"/> M.D. MEDICAL INVESTIGATOR..... <input type="checkbox"/>	
23C. DATE SIGNED Sept. 1, 1952			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 9/14/52	24C. NAME OF CEMETERY OR CREMATORY Lynndersburg	24D. LOCATION (City, town, or county) (State) Lynndersburg Ind.
DATE RECEIVED BY LOCAL REGISTRAR SEP 3 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Paul E. Chenoweth	ADDRESS 36047 Chestnut St.

RECEIVED
JAN 10 1964

101

TO: [illegible]
FROM: [illegible]
SUBJECT: [illegible]
[The remainder of the page contains several paragraphs of extremely faint, illegible text, likely a memorandum or letter. Two punch holes are visible on the right side of the page.]

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 8160**

BIRTH NO. **52 8160**

1. NAME OF DECEASED (Type or Print) COLUMBUS MOLOCK		2. DATE OF DEATH August 29, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Morgue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 21-02	
Length of stay in Baltimore LIFE Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1420 WARD ST.	
5. SEX Male	6. COLOR OR RACE COLORED	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) S	8. DATE OF BIRTH 5/11/1895
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PRODUCE		10B. KIND OF BUSINESS OR INDUSTRY HUCKSTER	9. AGE (In years last birthday) 57 If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
13. FATHER'S NAME WM. H. MOLOCK		11. BIRTHPLACE (State or foreign country) BALTIMORE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) NO (If yes, give war or dates of service) NONE		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME ELIZA	
17. INFORMANT LOUIS MOLOCK		ADDRESS 1239 BAYARD ST. (BR)	

18. 141X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Carcinoma of the tongue XXXX		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Malnutrition		
(B) DUE TO (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I certify that I took charge of the remains described above, held an **Inspection & Inquiry** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: **natural causes** ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>William Williams</i>		23B. CHIEF MEDICAL EXAMINER..... <input type="checkbox"/> M.D. ASSISTANT MEDICAL EXAMINER..... <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR..... <input type="checkbox"/>		23C. DATE SIGNED Aug. 30, 1952	
---	--	---	--	--	--

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL		24B. DATE 9/6/52		24C. NAME OF CEMETERY OR CREMATORY ARBUTUS MEM'L PK.		24D. LOCATION (City, town, or county) (State) BALTO. COUNTY, MD.	
---	--	----------------------------	--	--	--	--	--

DATE RECEIVED BY LOCAL REGISTRAR SEP 3 1952		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR CHAS, G, COOPER		ADDRESS 512 CARROLLTON AV.	
---	--	---	--	--	--	--------------------------------------	--

430240 Chas G Cooper

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RECEIVED
FEDERAL BUREAU OF INVESTIGATION
U. S. DEPARTMENT OF JUSTICE

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CERTIFICATE CORRECTED 9/18/52 ES
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. **52 8161**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILSON

PANNELL

2. DATE
OF
DEATH

September 1, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Provident Hospital

Yrs.
Mos.
Days

Length of stay in Baltimore

LIFE

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

12-02

D. STREET ADDRESS (If rural, give location)

3214 Barclay Street

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

4.8.1900

9. AGE (In years last birthday)

52

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

PORTER

10B. KIND OF BUSINESS OR INDUSTRY

CAFE

11. BIRTHPLACE (State or foreign country)

BALTO. MD.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

CLARK PANNELL

14. MOTHER'S MAIDEN NAME

GEORGIA JOHNSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

NO

NONE

16. SOCIAL SECURITY NO.

213-01-7256

17. INFORMANT

GERTRUDE PANNELL(W) 214 BARCLAY

ADDRESS

18. **E 880.0**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Fatty liver**

~~INDEX~~

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Bronchopneumonia**

QUE TO

(C) **METHYL ALCOHOL POISONING**

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

Home

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

3214 Barclay Street

12/2

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

Aug. 30, 1952

21E. INJURY OCCURRED WHILE AT ☐ WORK AT WORK ☐

III.

21F. HOW DID INJURY OCCUR?

Ingestion of methyl alcohol

22. I certify that I took charge of the remains described above, held an **Autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that deceased died on the day stated above, and death in my opinion resulted from: **natural causes** ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William V. Smith

23B. CHIEF MEDICAL EXAMINER.....

ASSISTANT MEDICAL EXAMINER.....

M.D.

23C. DATE SIGNED

Sept. 2, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

9/6/52

24C. NAME OF CEMETERY OR CREMATORY

MT. AUBURN CEMETERY

24D. LOCATION (City, town, or county)

BALTO. MD.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

CHAS. G. COOPER 512 CARROLLTON AV.

ADDRESS

See letter in Document File

from Wm. V. Lovitt, Jr., M.D.

Asst. Medical Examiner

9/18/52

ES

452
52 8162
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 8162

1. NAME OF DECEASED (Type or Print) MAGGIE COLLINS		2. DATE OF DEATH Sept. 1, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 863 Lemmon Street	
5. SEX female	6. COLOR OR RACE colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M	B. DATE OF BIRTH 12/20/1895
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10B. KIND OF BUSINESS OR INDUSTRY DOMESTIC	9. AGE (In years last birthday) 56
13. FATHER'S NAME *		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO. NONE	
17. INFORMANT ANDREW COLLINS(H)		ADDRESS 863 LEMON ST.	

18. **171X**
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
Carcinoma of cervix
DUE TO

INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **inspection & inquiry** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....☒
ASSISTANT MEDICAL EXAMINER.....☐
M.D. MEDICAL INVESTIGATOR.....☐23C. DATE SIGNED
Sept. 2, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

BURIAL**9/4/52****MT. AUBURN CEMETERY****BALTO. MD.**

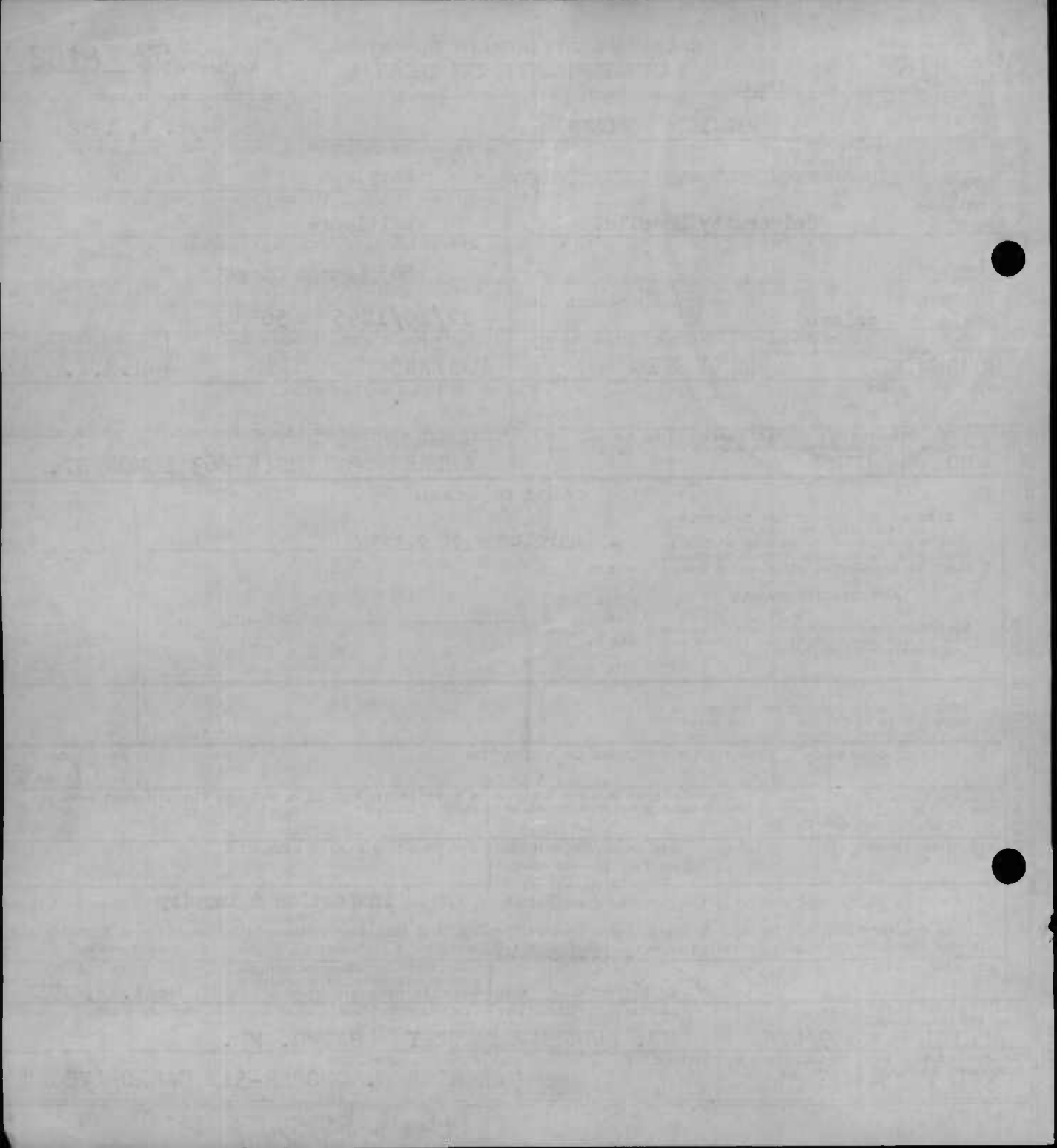
DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 3 1952**Huntington Williams, MD****CHARLES G. COOPER-512 CARROLLTON AV**



-620

2 8163

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 8163

Registered No.

1. NAME OF DECEASED (Type or Print) CHARLES ERNEST KRAUS		2. DATE OF DEATH 9-3-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION Union Memorial Hosp.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore Sparks	
C. Length of stay in Baltimore 69 yrs.		D. STREET ADDRESS (If rural, give location) York Rd. 5300	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED	8. DATE OF BIRTH Jan. 19, 1885
9. AGE (in years last birthday) 69		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chemist	
11. BIRTHPLACE (State or foreign country) Maryland, Baltol		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Louis Kraus		14. MOTHER'S MAIDEN NAME Sophia Boehm	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO.	
17. INFORMANT Mrs. Levening Foster, Sparks, Md.		ADDRESS	
18. 422.1 CAUSE OF DEATH			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.)			
(A) C.V.T. Hypertension			
DUE TO			
ANTECEDENT CAUSES			
(B) ASCVD			
DUE TO			
(C)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Right-sided convulsion			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Sept. 2 , 1952 to Sept 3 , 1952, that I last saw the deceased alive on Sept. 13 , 1952, and that death occurred at 6:45 am. , from the causes and on the date stated above.			
23A. SIGNATURE Robert E. Rhulius		23B. ADDRESS Union Memorial Hosp	
23C. DATE SIGNED 9-3-52			
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE 9-5-52	24C. NAME OF CEMETERY OR CREMATORY Jessops Methodist	24D. LOCATION (City, town, or county) (State) Sparks, Md.
DATE RECEIVED BY LOCAL REGISTRAR SEP 3 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR L. Scott Brooks, Sparks, Md.	

MEDICAL CERTIFICATION

105782008

8103

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 8164

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Gehrmann, Mr Joshua			2. DATE OF DEATH September 2, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION Church Home and Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Towson		
Length of stay in Baltimore life			D. STREET ADDRESS (If rural, give location) Old Hartford Road		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH May 17 1877		9. AGE (In years last birthday) 75
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer		10B. KIND OF BUSINESS OR INDUSTRY Self Employed	11. BIRTHPLACE (State or foreign country) Baltimore, Md		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Gehrmann Mr Julius			14. MOTHER'S MAIDEN NAME Grugback, Mrs Eleanor		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. 219-10-4189	17. INFORMANT Dwyer, Mrs E Rud. ADDRESS 5034 Edgemoor		

18. 526x	CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Cerebral Thrombosis	DUE TO	one week
ANTECEDENT CAUSES	(B) Bronchiectasis	DUE TO	20 years
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input checked="" type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from August 30, 1952 to September 2, 1952 that I last saw the deceased alive on Sept 1, 1952 and that death occurred at 11:45 p.m. , from the causes and on the date stated above.					
23A. SIGNATURE [Signature]		M. D. [Signature]		23B. ADDRESS Church Home and Hospital	
23C. DATE SIGNED 9-2-52					

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Sept. 4, 1952		24C. NAME OF CEMETERY OR CREMATORY Mt. Carmel Cem.		24D. LOCATION (City, town, or county) (State) Baltimore, Md.	
DATE RECEIVED BY LOCAL REGISTRAR SEP 3 1952		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR John Burnie Sore		ADDRESS Towson, Md.	

[Faint, mostly illegible handwriting throughout the page, possibly representing a list or ledger entries.]

525
52 8165

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 8165
Registered No.

1. NAME OF DECEASED (Type or Print) Harry G. Johnson		2. DATE OF DEATH 9. 2. 52.	
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore Md.		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION Sinai Hospital		C. CITY OR TOWN (If outside corporate limits, write full name and give township) Baltimore, Md. 13-06	
6. LENGTH OF stay in Baltimore 42		D. STREET ADDRESS (If rural, give location) 3428 ELM AVE	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. AGE (In years last birthday) 71.	9. BIRTHPLACE (State or foreign country) MARYLAND	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOOPERS MILLS	10B. KIND OF BUSINESS OR INDUSTRY COTTON MILL	11. BIRTHPLACE (State or foreign country) MARYLAND	
12. CITIZEN OF WHAT COUNTRY? U.S.		13. FATHER'S NAME NICKOLSON JOHNSON	
14. MOTHER'S MAIDEN NAME UNKNOWN.		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO	
16. SOCIAL SECURITY NO. 213-03-3326		17. INFORMANT ADDRESS ROTH M. JOHNSON - 3428 ELM AVE	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Myocardial infarction		19. CAUSE OF DEATH Myocardial infarction	
20. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Arteriosclerotic heart disease		21. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
22. DATE OF OPERATION 9. 2. 52		23. MAJOR FINDINGS OF OPERATION	
24. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		25. PLACE OF INJURY (a.g., in or about home, farm, factory, street, office bldg., etc.)	
26. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		27. HOW DID INJURY OCCUR?	
28. TIME (Month) (Day) (Year) (Hour) OF INJURY		29. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
30. I hereby certify that I attended the deceased from 8. 22. , 19 52 , to 9. 2. , 19 52 , that I last saw the deceased alive on 9. 2. , 19 52 , and that death occurred at 2:55 A m., from the causes and on the date stated above.			
31. SIGNATURE Morris Goldberger		32. ADDRESS Sinai Hospital	
33. DATE SIGNED 9. 2. 52.		34. BIRTHPLACE (State or foreign country) MARYLAND	
35. CITIZEN OF WHAT COUNTRY? U.S.		36. SOCIAL SECURITY NO. 213-03-3326	
37. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOOPERS MILLS		38. KIND OF BUSINESS OR INDUSTRY COTTON MILL	
39. FATHER'S NAME NICKOLSON JOHNSON		40. MOTHER'S MAIDEN NAME UNKNOWN.	
41. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO		42. SOCIAL SECURITY NO. 213-03-3326	
43. INFORMANT ADDRESS ROTH M. JOHNSON - 3428 ELM AVE		44. DATE OF OPERATION 9. 2. 52	
45. MAJOR FINDINGS OF OPERATION		46. HOW DID INJURY OCCUR?	
47. TIME (Month) (Day) (Year) (Hour) OF INJURY		48. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
49. I hereby certify that I attended the deceased from 8. 22. , 19 52 , to 9. 2. , 19 52 , that I last saw the deceased alive on 9. 2. , 19 52 , and that death occurred at 2:55 A m., from the causes and on the date stated above.			
50. SIGNATURE Morris Goldberger		51. ADDRESS Sinai Hospital	
52. DATE SIGNED 9. 2. 52.		53. BIRTHPLACE (State or foreign country) MARYLAND	
54. CITIZEN OF WHAT COUNTRY? U.S.		55. SOCIAL SECURITY NO. 213-03-3326	
56. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOOPERS MILLS		57. KIND OF BUSINESS OR INDUSTRY COTTON MILL	
58. FATHER'S NAME NICKOLSON JOHNSON		59. MOTHER'S MAIDEN NAME UNKNOWN.	
60. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO		61. SOCIAL SECURITY NO. 213-03-3326	
62. INFORMANT ADDRESS ROTH M. JOHNSON - 3428 ELM AVE		63. DATE OF OPERATION 9. 2. 52	
64. MAJOR FINDINGS OF OPERATION		65. HOW DID INJURY OCCUR?	
66. TIME (Month) (Day) (Year) (Hour) OF INJURY		67. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
68. I hereby certify that I attended the deceased from 8. 22. , 19 52 , to 9. 2. , 19 52 , that I last saw the deceased alive on 9. 2. , 19 52 , and that death occurred at 2:55 A m., from the causes and on the date stated above.			
69. SIGNATURE Morris Goldberger		70. ADDRESS Sinai Hospital	
71. DATE SIGNED 9. 2. 52.		72. BIRTHPLACE (State or foreign country) MARYLAND	
73. CITIZEN OF WHAT COUNTRY? U.S.		74. SOCIAL SECURITY NO. 213-03-3326	
75. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOOPERS MILLS		76. KIND OF BUSINESS OR INDUSTRY COTTON MILL	
77. FATHER'S NAME NICKOLSON JOHNSON		78. MOTHER'S MAIDEN NAME UNKNOWN.	
79. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO		80. SOCIAL SECURITY NO. 213-03-3326	
81. INFORMANT ADDRESS ROTH M. JOHNSON - 3428 ELM AVE		82. DATE OF OPERATION 9. 2. 52	
83. MAJOR FINDINGS OF OPERATION		84. HOW DID INJURY OCCUR?	
85. TIME (Month) (Day) (Year) (Hour) OF INJURY		86. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
87. I hereby certify that I attended the deceased from 8. 22. , 19 52 , to 9. 2. , 19 52 , that I last saw the deceased alive on 9. 2. , 19 52 , and that death occurred at 2:55 A m., from the causes and on the date stated above.			
88. SIGNATURE Morris Goldberger		89. ADDRESS Sinai Hospital	
90. DATE SIGNED 9. 2. 52.		91. BIRTHPLACE (State or foreign country) MARYLAND	
92. CITIZEN OF WHAT COUNTRY? U.S.		93. SOCIAL SECURITY NO. 213-03-3326	
94. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOOPERS MILLS		95. KIND OF BUSINESS OR INDUSTRY COTTON MILL	
96. FATHER'S NAME NICKOLSON JOHNSON		97. MOTHER'S MAIDEN NAME UNKNOWN.	
98. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO		99. SOCIAL SECURITY NO. 213-03-3326	
100. INFORMANT ADDRESS ROTH M. JOHNSON - 3428 ELM AVE		101. DATE OF OPERATION 9. 2. 52	
102. MAJOR FINDINGS OF OPERATION		103. HOW DID INJURY OCCUR?	
104. TIME (Month) (Day) (Year) (Hour) OF INJURY		105. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
106. I hereby certify that I attended the deceased from 8. 22. , 19 52 , to 9. 2. , 19 52 , that I last saw the deceased alive on 9. 2. , 19 52 , and that death occurred at 2:55 A m., from the causes and on the date stated above.			
107. SIGNATURE Morris Goldberger		108. ADDRESS Sinai Hospital	
109. DATE SIGNED 9. 2. 52.		110. BIRTHPLACE (State or foreign country) MARYLAND	
111. CITIZEN OF WHAT COUNTRY? U.S.		112. SOCIAL SECURITY NO. 213-03-3326	
113. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOOPERS MILLS		114. KIND OF BUSINESS OR INDUSTRY COTTON MILL	
115. FATHER'S NAME NICKOLSON JOHNSON		116. MOTHER'S MAIDEN NAME UNKNOWN.	
117. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO		118. SOCIAL SECURITY NO. 213-03-3326	
119. INFORMANT ADDRESS ROTH M. JOHNSON - 3428 ELM AVE		120. DATE OF OPERATION 9. 2. 52	
121. MAJOR FINDINGS OF OPERATION		122. HOW DID INJURY OCCUR?	
123. TIME (Month) (Day) (Year) (Hour) OF INJURY		124. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
125. I hereby certify that I attended the deceased from 8. 22. , 19 52 , to 9. 2. , 19 52 , that I last saw the deceased alive on 9. 2. , 19 52 , and that death occurred at 2:55 A m., from the causes and on the date stated above.			
126. SIGNATURE Morris Goldberger		127. ADDRESS Sinai Hospital	
128. DATE SIGNED 9. 2. 52.		129. BIRTHPLACE (State or foreign country) MARYLAND	
130. CITIZEN OF WHAT COUNTRY? U.S.		131. SOCIAL SECURITY NO. 213-03-3326	
132. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOOPERS MILLS		133. KIND OF BUSINESS OR INDUSTRY COTTON MILL	
134. FATHER'S NAME NICKOLSON JOHNSON		135. MOTHER'S MAIDEN NAME UNKNOWN.	
136. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO		137. SOCIAL SECURITY NO. 213-03-3326	
138. INFORMANT ADDRESS ROTH M. JOHNSON - 3428 ELM AVE		139. DATE OF OPERATION 9. 2. 52	
140. MAJOR FINDINGS OF OPERATION		141. HOW DID INJURY OCCUR?	
142. TIME (Month) (Day) (Year) (Hour) OF INJURY		143. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
144. I hereby certify that I attended the deceased from 8. 22. , 19 52 , to 9. 2. , 19 52 , that I last saw the deceased alive on 9. 2. , 19 52 , and that death occurred at 2:55 A m., from the causes and on the date stated above.			
145. SIGNATURE Morris Goldberger		146. ADDRESS Sinai Hospital	
147. DATE SIGNED 9. 2. 52.		148. BIRTHPLACE (State or foreign country) MARYLAND	
149. CITIZEN OF WHAT COUNTRY? U.S.		150. SOCIAL SECURITY NO. 213-03-3326	
151. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOOPERS MILLS		152. KIND OF BUSINESS OR INDUSTRY COTTON MILL	
153. FATHER'S NAME NICKOLSON JOHNSON		154. MOTHER'S MAIDEN NAME UNKNOWN.	
155. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO		156. SOCIAL SECURITY NO. 213-03-3326	
157. INFORMANT ADDRESS ROTH M. JOHNSON - 3428 ELM AVE		158. DATE OF OPERATION 9. 2. 52	
159. MAJOR FINDINGS OF OPERATION		160. HOW DID INJURY OCCUR?	
161. TIME (Month) (Day) (Year) (Hour) OF INJURY		162. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
163. I hereby certify that I attended the deceased from 8. 22. , 19 52 , to 9. 2. , 19 52 , that I last saw the deceased alive on 9. 2. , 19 52 , and that death occurred at 2:55 A m., from the causes and on the date stated above.			
164. SIGNATURE Morris Goldberger		165. ADDRESS Sinai Hospital	
166. DATE SIGNED 9. 2. 52.		167. BIRTHPLACE (State or foreign country) MARYLAND	
168. CITIZEN OF WHAT COUNTRY? U.S.		169. SOCIAL SECURITY NO. 213-03-3326	
170. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOOPERS MILLS		171. KIND OF BUSINESS OR INDUSTRY COTTON MILL	
172. FATHER'S NAME NICKOLSON JOHNSON		173. MOTHER'S MAIDEN NAME UNKNOWN.	
174. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO		175. SOCIAL SECURITY NO. 213-03-3326	
176. INFORMANT ADDRESS ROTH M. JOHNSON - 3428 ELM AVE		177. DATE OF OPERATION 9. 2. 52	
178. MAJOR FINDINGS OF OPERATION		179. HOW DID INJURY OCCUR?	
180. TIME (Month) (Day) (Year) (Hour) OF INJURY		181. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
182. I hereby certify that I attended the deceased from 8. 22. , 19 52 , to 9. 2. , 19 52 , that I last saw the deceased alive on 9. 2. , 19 52 , and that death occurred at 2:55 A m., from the causes and on the date stated above.			
183. SIGNATURE Morris Goldberger		184. ADDRESS Sinai Hospital	
185. DATE SIGNED 9. 2. 52.		186. BIRTHPLACE (State or foreign country) MARYLAND	
187. CITIZEN OF WHAT COUNTRY? U.S.		188. SOCIAL SECURITY NO. 213-03-3326	
189. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOOPERS MILLS		190. KIND OF BUSINESS OR INDUSTRY COTTON MILL	
191. FATHER'S NAME NICKOLSON JOHNSON		192. MOTHER'S MAIDEN NAME UNKNOWN.	
193. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO		194. SOCIAL SECURITY NO. 213-03-3326	
195. INFORMANT ADDRESS ROTH M. JOHNSON - 3428 ELM AVE		196. DATE OF OPERATION 9. 2. 52	
197. MAJOR FINDINGS OF OPERATION		198. HOW DID INJURY OCCUR?	
199. TIME (Month) (Day) (Year) (Hour) OF INJURY		200. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
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202. SIGNATURE Morris Goldberger		203. ADDRESS Sinai Hospital	
204. DATE SIGNED 9. 2. 52.		205. BIRTHPLACE (State or foreign country) MARYLAND	
206. CITIZEN OF WHAT COUNTRY? U.S.		207. SOCIAL SECURITY NO. 213-03-3326	
208. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOOPERS MILLS		209. KIND OF BUSINESS OR INDUSTRY COTTON MILL	
210. FATHER'S NAME NICKOLSON JOHNSON		211. MOTHER'S MAIDEN NAME UNKNOWN.	
212. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO		213. SOCIAL SECURITY NO. 213-03-3326	
214. INFORMANT ADDRESS ROTH M. JOHNSON - 3428 ELM AVE		215. DATE OF OPERATION 9. 2. 52	
216. MAJOR FINDINGS OF OPERATION		217. HOW DID INJURY OCCUR?	
218. TIME (Month) (Day) (Year) (Hour) OF INJURY		219. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
220. I hereby certify that I attended the deceased from 8. 22. , 19 52 , to 9. 2. , 19 52 , that I last saw the deceased alive on 9. 2. , 19 52 , and that death occurred at 2:55 A m., from the causes and on the date stated above.			
221. SIGNATURE Morris Goldberger		222. ADDRESS Sinai Hospital	
223. DATE SIGNED 9. 2. 52.		224. BIRTHPLACE (State or foreign country) MARYLAND	
225. CITIZEN OF WHAT COUNTRY? U.S.		226. SOCIAL SECURITY NO. 213-03-3326	
227. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOOPERS MILLS		228. KIND OF BUSINESS OR INDUSTRY COTTON MILL	
229. FATHER'S NAME NICKOLSON JOHNSON		230. MOTHER'S MAIDEN NAME UNKNOWN.	
231. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO		232. SOCIAL SECURITY NO. 213-03-3326	
233. INFORMANT ADDRESS ROTH M. JOHNSON - 3428 ELM AVE		234. DATE OF OPERATION 9. 2. 52	
235. MAJOR FINDINGS OF OPERATION		236. HOW DID INJURY OCCUR?	
237. TIME (Month) (Day) (Year) (Hour) OF INJURY		238. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
239. I hereby certify that I attended the deceased from 8. 22. , 19 52 , to 9. 2. , 19 52 , that I last saw the deceased alive on 9. 2. , 19 52 , and that death occurred at 2:55 A m., from the causes and on the date stated above.			
240. SIGNATURE Morris Goldberger		241. ADDRESS Sinai Hospital	
242. DATE SIGNED 9. 2. 52.		243. BIRTHPLACE (State or foreign country) MARYLAND	
244. CITIZEN OF WHAT COUNTRY? U.S.		245. SOCIAL SECURITY NO. 213-03-3326	
246. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOOPERS MILLS		247. KIND OF BUSINESS OR INDUSTRY COTTON MILL	
248. FATHER'S NAME NICKOLSON JOHNSON		249. MOTHER'S MAIDEN NAME UNKNOWN.	
250. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO		251. SOCIAL SECURITY NO. 213-03-3326	
252. INFORMANT ADDRESS ROTH M. JOHNSON - 3428 ELM AVE		253. DATE OF OPERATION 9. 2. 52	
254. MAJOR FINDINGS OF OPERATION		255. HOW DID INJURY OCCUR?	
256. TIME (Month) (Day) (Year) (Hour) OF INJURY		257. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
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259. SIGNATURE Morris Goldberger		260. ADDRESS Sinai Hospital	
261. DATE SIGNED 9. 2. 52.		262. BIRTHPLACE (State or foreign country) MARYLAND	
263. CITIZEN OF WHAT COUNTRY? U.S.		264. SOCIAL SECURITY NO. 213-03-3326	
265. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOOPERS MILLS		266. KIND OF BUSINESS OR INDUSTRY COTTON MILL	
267. FATHER'S NAME NICKOLSON JOHNSON		268. MOTHER'S MAIDEN NAME UNKNOWN.	
269. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO		270. SOCIAL SECURITY NO. 213-03-3326	
271. INFORMANT ADDRESS ROTH M. JOHNSON - 3428 ELM AVE		272. DATE OF OPERATION 9. 2. 52	
273. MAJOR FINDINGS OF OPERATION		274. HOW DID INJURY OCCUR?	
275. TIME (Month) (Day) (Year) (Hour) OF INJURY		276. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
277. I hereby certify that I attended the deceased from 8. 22. , 19 52 , to 9. 2. , 19 52 , that I last saw the deceased alive on 9. 2. , 19 52 , and that death occurred at 2:55 A m., from the causes and on the date stated above.			
278. SIGNATURE Morris Goldberger		279. ADDRESS Sinai Hospital	
280. DATE SIGNED 9. 2. 52.		281. BIRTHPLACE (State or foreign country) MARYLAND	
282. CITIZEN OF WHAT COUNTRY? U.S.		283. SOCIAL SECURITY NO. 213-03-3326	
284. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOOPERS MILLS		285. KIND OF BUSINESS OR INDUSTRY COTTON MILL	
286. FATHER'S NAME NICKOLSON JOHNSON		287. MOTHER'S MAIDEN NAME UNKNOWN.	
288. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO		289. SOCIAL SECURITY NO. 213-03-3326	
290. INFORMANT ADDRESS ROTH M. JOHNSON - 3428 ELM AVE		291. DATE OF OPERATION 9. 2. 52	
292. MAJOR FINDINGS OF OPERATION		293. HOW DID INJURY OCCUR?	
294. TIME (Month) (Day) (Year) (Hour) OF INJURY		295. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
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297. SIGNATURE Morris Goldberger		298. ADDRESS Sinai Hospital	
299. DATE SIGNED 9. 2. 52.		300. BIRTHPLACE (State or foreign country) MARYLAND	
301. CITIZEN OF WHAT COUNTRY? U.S.		302. SOCIAL SECURITY NO. 213-03-3326	
303. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOOPERS MILLS		304. KIND OF BUSINESS OR INDUSTRY COTTON MILL	
305. FATHER'S NAME NICKOLSON JOHNSON		306. MOTHER'S MAIDEN NAME UNKNOWN.	
307. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO		308. SOCIAL SECURITY NO. 213-03-3326	
309. INFORMANT ADDRESS ROTH M. JOHNSON - 3428 ELM AVE		310. DATE OF OPERATION 9. 2. 52	
311. MAJOR FINDINGS OF OPERATION		312. HOW DID INJURY OCCUR?	
313. TIME (Month) (Day) (

[Illegible text block containing several paragraphs of a memorandum, likely detailing a meeting or administrative action.]

[Illegible text block containing the remainder of the memorandum, including a signature block and distribution list.]

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 8166**

BIRTH NO. 340		1. NAME OF DECEASED (Type or Print) JOHN D. SETTLE		2. DATE OF DEATH 9/2/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland 3520 4th Street				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD. B. COUNTY 25-04	
B. FULL NAME OF HOSPITAL OR INSTITUTION				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore				D. STREET ADDRESS (If rural, give location) 3520 4th St.	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M		8. DATE OF BIRTH 10/2/1882	9. AGE (in years last birthday) 69
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Gen. Op.		10B. KIND OF BUSINESS OR INDUSTRY Curtis Bay Shipys		11. BIRTHPLACE (State or foreign country) Virginia	
13. FATHER'S NAME John				12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No				14. MOTHER'S MAIDEN NAME Mary Anne Sharp	
16. SOCIAL SECURITY NO.				17. INFORMANT ADDRESS Family - Same	

MEDICAL CERTIFICATION

18. 332x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Chronic anemia		INTERVAL BETWEEN ONSET AND DEATH several
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Hypertension Posthypertensive state		(B) Encephalomalacia
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from July 24, 1948 , to Sept. 2, 1952 , that I last saw the deceased alive on Sept. 2, 1952 , and that death occurred at 4 P.m. , from the causes and on the date stated above.		
23A. SIGNATURE J. Neubauer, M.D.	23B. ADDRESS 936 Patapsco Ave.	23C. DATE SIGNED Sept 3/1952
24A. BURIAL, CREMATION, REMOVAL (Specify) B	24B. DATE 9/5/52	24C. NAME OF CEMETERY OR CREMATORY Vernon
24D. LOCATION (City, town, or county) (State) Richlands, Va.		
DATE RECEIVED BY LOCAL REGISTRAR SEP 3 1952		25. FUNERAL DIRECTOR James L. McCugly
REGISTRAR'S SIGNATURE Huntington Williams, M.D.		ADDRESS 150 B Fort Avenue

69030

Dr. H. H. H. H. H.

Apr 9.

634
2 8167BARTULIS
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 8167
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Bartulis, Mr Samuel		2. DATE OF DEATH September 2, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Church Home and Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 26-05	
D. STREET ADDRESS (If rural, give location) 6824 Fair Ave		E. LENGTH OF STAY IN BALTIMORE 40	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH March 1, 1882
9. AGE (In years last birthday) 70		10. UNDER 1 Year Months: Days	
11. UNDER 24 Hours Hours: Min.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Samuel Bartulis		14. MOTHER'S MAIDEN NAME unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. 214-01-4601	
17. INFORMANT Mr Rudolf Bartulis		ADDRESS see above	
18. 019.2		CAUSE OF DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)		(A) Myocardial degeneration	
ANTECEDENT CAUSES		(B) Generalized Tuberculosis	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 9-5-52		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH no	
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21F. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from August 24, 1952 to September 2, 1952 that I last saw the deceased alive on September 1, 1952 and that death occurred at 9:45 a.m. , from the causes and on the date stated above.	
23A. SIGNATURE Will		23B. ADDRESS Church Home and Hospital	
23C. DATE SIGNED Sep. 2, 1952		24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24B. DATE 9-5-52		24C. NAME OF CEMETERY OR CREMATORY St. Matthews	
24D. LOCATION (City, town, or county) (State) O'Donnell St. Balto. Md.		25. FUNERAL DIRECTOR John C. Miller Inc. - 2435 E. Oliver St.	
DATE RECEIVED BY LOCAL REGISTRAR SEP 3 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	

1898
[Faint, mostly illegible handwritten text follows, appearing to be a ledger or record book with multiple entries.]

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 8168
Registered No.

640
52 8168
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Miss Emma C. Criley</i>			2. DATE OF DEATH <i>September 2nd 1952</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Baltimore Maryland</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MARYLAND</i> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Home for Incurables 700 W. 40th St</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>BALTIMORE</i>		
C. Length of stay in Baltimore <i>LIFE</i>			D. STREET ADDRESS (If rural, give location) <i>Keswick Rd. & 40th St</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>Feb. 28-1870</i>	9. AGE (in years last birthday) <i>82</i>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>none (never worked) none</i>			10B. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (State or foreign country) <i>BALTIMORE MARYLAND</i>			12. CITIZEN OF WHAT COUNTRY? <i>U.S.A</i>		
13. FATHER'S NAME <i>Henry Criley</i>			14. MOTHER'S MAIDEN NAME <i>Mary Kennedy</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT <i>Ethelyn M. Callis Home for incurables</i>			ADDRESS		

18. <i>443x and E902.7</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
(A) <i>Hypertensive Cordis - Vascular Disease</i>		<i>11 years</i>	
ANTECEDENT CAUSES			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) <i>Rheumatoid Arthritis</i>	<i>10 years</i>
		(C) <i>Fracture of Left Hip</i>	

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Home for Incurables</i>		21C. WHERE DID INJURY OCCUR? <i>Home for Incurables - Baltimore City</i>
21D. TIME (Month) (Day) (Year) (Hour) INJURY <i>August 20, 1952 2:35 P.M.</i>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? <i>Fell out of Bed</i>

22. I hereby certify that I attended the deceased from *Jan. 10*, 19*45*, to *Sept. 2*, 1952, that I last saw the deceased alive on *Sept. 1*, 1952, and that death occurred at *5:50* a.m., from the causes and on the date stated above.

23A. SIGNATURE <i>W. Shelton Hershberger</i>	M. D.	23B. ADDRESS <i>214 Medical Arts Bldg.</i>	23C. DATE SIGNED <i>9/2/52</i>
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24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>9/4/52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>St. John's Cem.</i>	24D. LOCATION (City, town, or county) (State) <i>Long Green, Md.</i>
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DATE RECEIVED BY LOCAL REGISTRAR <i>SEP 3 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>Wm. S. Vickers & Sons</i>	ADDRESS <i>Baeth 17, Md.</i>
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VS 150
N 820.0 19520008165

MEDICAL CERTIFICATION

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **52 8169**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)**RICHARD HOWARD HANCOCK**2. DATE
OF
DEATH**September 1, 1952**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION**Baltimore City Hospitals**4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE**Maryland**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

500 S. Belnord Avenue

8. DATE OF BIRTH

October 21, 1931

9. AGE (In years last birthday)

20If Under 1 Year If Under 24 Hours
Months Days Hours Min.

11. BIRTHPLACE (State or foreign country)

Maryland12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

William Howard Hancock

14. MOTHER'S MAIDEN NAME

Helen E. Kulczynski15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)**Yes****Korean**16. SOCIAL
SECURITY NO.**212 30 1193**

17. INFORMANT

ADDRESS

Mr. William H. Hancock, 500 S. Belnord Ave.18. **E856X I**

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) **Traumatic avulsion of shoulder joint**~~XXXX~~

ANTECEDENT CAUSES

(B) **Exsanguination**DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)**River**21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)**Bird River in front of Surguy's Shore**21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY**Sept. 1, 1952 1:00 P. m.**21E. INJURY OCCURRED
WHILE AT ☐ WORK NOT WHILE ☒ AT WORK21F. HOW DID INJURY OCCUR?
**Fell out of speed-
boat and struck propeller**22. I certify that I took charge of the remains described above, held an **Inspection & Inquiry** thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....☐

23C. DATE SIGNED

M.D. ASSISTANT MEDICAL EXAMINER.....☒
MEDICAL INVESTIGATOR.....☐**Sept. 2, 1952**24A. BURIAL, CREMA-
TION, REMOVAL (Specify)**Burial**

24B. DATE

9/4/52

24C. NAME OF CEMETERY OR CREMATORY

Oak Lawn

24D. LOCATION (City and county)

Baltimore,**Maryland**DATE RECEIVED BY
LOCAL REGISTRAR**SEP 3 1952**

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

M.F. SADOWSKI & SONS, 1808 EASTERN AVENUE

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CERTIFICATE CORRECTED

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

52

8170

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JULIA

WHITING

2. DATE
OF
DEATH

September 2, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Union Memorial Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Maryland

B. COUNTY

Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Towson

D. STREET ADDRESS (If rural, give location)

516 Castle Drive

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE (MARRIED)
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

Sept. 23, 1905 46

9. AGE (in years last birthday)

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Lowell, Mass

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Dennis Manning

14. MOTHER'S MAIDEN NAME

Julia Sullivan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Hubert Whitnig (husband)

ADDRESS

516 Castle Drive

18. 581.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Fatty infiltration of liver

QUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

QUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an partial autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

B. J. ...

23B. CHIEF MEDICAL EXAMINER ☒

ASSISTANT MEDICAL EXAMINER ☐

23C. DATE SIGNED

Sept. 3, 1952

24A. BURIAL CREMATION, REMOVAL (Specify)

24B. DATE

9/3/52

24C. NAME OF CEMETERY OR CREMATORY

St. Patrick Cemetery

24D. LOCATION (City, town, or county)

Lowell, Mass.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Wm. J. Tichner & Sons, Balto, Md.

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 8171

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Libert, Anna M. LIEBERTH

2. DATE
OF
DEATH

September 2, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

St. Joseph's Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give
township)

Baltimore #31

6-03

D. STREET ADDRESS (If rural, give location)

403 N. Chester Street

Length of stay in Baltimore

LIFE

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

MARCH 26 1880

9. AGE (In years
last birthday)

72

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

FACTORY WORKER.

10B. KIND OF BUSINESS OR
INDUSTRY

CAN CO.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

GEORGE LIEBERTH

14. MOTHER'S MAIDEN NAME

ELIZABETH

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

PAULINE HARTMAN 4N LAKEWOOD AVE

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Congestive failure

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Hypertensive arteriosclerotic
cardiovascular disease

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐22. I hereby certify that I attended the deceased from August 31, 1952, to Sept. 2, 1952, that I last saw the
deceased alive on Sept. 2, 1952, and that death occurred at 12:30 pm., from the causes and on the date stated above.

23A. SIGNATURE

E. P. Loffay Jr.

M. D.

23B. ADDRESS

1400 N. Caroline Street

23C. DATE SIGNED

Sept. 2, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

SEPT 6 1952

24C. NAME OF CEMETERY OR CREMATORY

HOLY REDEEMER CEM.

24D. LOCATION (City, town, or county)

4430 BELAIR RD

(State)

MD.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 3 1952

H. J. Williams, M.D.

Duffel Bldg. 1800 E LOMBARD ST.

VS 150

1 5 6932 2 8 1 6 0

MEDICAL CERTIFICATION

52 8172

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 8172

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Matilda E. Dausch

2. DATE
OF
DEATH

Sept 3-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Balto.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

5. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

3112 E. Biddle St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto.

D. STREET ADDRESS (If rural, give location)

3112 E Biddle St

Length of stay in Baltimore

Life

SEX

F.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

At Home

10B. KIND OF BUSINESS OR INDUSTRY

House Work

13. FATHER'S NAME

Jacob Sauer

8. DATE OF BIRTH

April 14 1878

9. AGE (in years last birthday)

74

11 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Balto.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

Mary Block

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

None

17. INFORMANT

ADDRESS

Dorothy Goff 3112 E Biddle St

18. 153X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Carcinoma of bronchus
metastasis

INTERVAL BETWEEN ONSET AND DEATH

?

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Mitral prolapse - alone
hypertension

?

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 14, 1952, to Sept 3, 1952, that I last saw the deceased alive on Sept 3, 1952, and that death occurred at 1:10 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 3 1952

H. J. Williams, M.D.

Doppel Bldg. 1800 E LONGARD ST.

VS 150

109520008160

MEDICAL CERTIFICATION

1. The undersigned, *John F. Smith*, of the County of *Franklin*, State of *Ohio*, do hereby certify that

2. *John F. Smith* is the owner of the following described land, to-wit:

3. *One acre of land in the Township of *Franklin*, County of *Franklin*, State of *Ohio*.*

4. *Which said land is situated in the Township of *Franklin*, County of *Franklin*, State of *Ohio*.*

5. *And that the said land is now being used for agricultural purposes.*

6. *And that the said land is now being used for agricultural purposes.*

7. *And that the said land is now being used for agricultural purposes.*

8. *And that the said land is now being used for agricultural purposes.*

9. *And that the said land is now being used for agricultural purposes.*

10. *And that the said land is now being used for agricultural purposes.*

11. *And that the said land is now being used for agricultural purposes.*

12. *And that the said land is now being used for agricultural purposes.*

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 8173**

BIRTH NO. **460**

1. NAME OF DECEASED (Type or Print) WILLIAM Wiley ELLER		2. DATE OF DEATH September 2, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Prince Georges	
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Agnes Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Laurel	
Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) R. F. D. #2, Box 106	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH April 4 1892
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Patrolman		9. AGE (In years last birthday) 60 years	
10B. KIND OF BUSINESS OR INDUSTRY Frederick & Co of Maryland		11. BIRTHPLACE (State or foreign country) Crumpler North Carolina	
13. FATHER'S NAME Emmett Eller		12. CITIZEN OF WHAT COUNTRY? USA	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		14. MOTHER'S MAIDEN NAME Mary Alice Ellis	
16. SOCIAL SECURITY NO.		17. INFORMANT Mrs. Adramin Eller, Laurel, Md.	

18. **422.1**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Arteriosclerotic cardiovascular disease**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	

22. I certify that I took charge of the remains described above, held an **Partial Autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: **natural causes** ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE William H. Powell		23B. CHIEF MEDICAL EXAMINER..... M.D. ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....		23C. DATE SIGNED Sept. 2, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Sept 3, 1952		24C. NAME OF CEMETERY OR CREMATORY East Lincoln Cem.	
24D. LOCATION (City, town, or county) (State) Washington, D. C.		25. FUNERAL DIRECTOR Dr. With Donaldson, Laurel, Md.		ADDRESS	

DATE RECEIVED BY LOCAL REGISTRAR
SEP 3 1952

REGISTRAR'S SIGNATURE
Huntington Williams, M.D.

UNITED STATES OF AMERICA
DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY

2112

PLANT INDUSTRY

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 8174

Registered No.

610
52 8174

1. NAME OF DECEASED (Type or Print) Croup Mrs Margaret		2. DATE OF DEATH September-2-52	
3. PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Church Home and Hospital Baltimore		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
6. LENGTH OF STAY IN BALTIMORE 13 years		D. STREET ADDRESS (If rural, give location) 1044 Tunbridge Road	
7. SEX Female	8. COLOR OR RACE white	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	10. DATE OF BIRTH July 29, 1909
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		12. AGE (In years last birthday) 43	
13. FATHER'S NAME Edi Swingle		14. BIRTHPLACE (State or foreign country) Pennsylvania	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no		16. CITIZEN OF WHAT COUNTRY? USA	
17. SOCIAL SECURITY NO.		18. MOTHER'S MAIDEN NAME Ether Oney	
19. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) no		20. INFORMANT Pat	
21. ADDRESS			

18. 592x I		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)		(A) Chronic Bacterial Hepatitis		?	
DUE TO					
ANTECEDENT CAUSES		(B) Wremia			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO			
		(C)			

**II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.**

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **July 21, 1952** to **September 2, 1952** that I last saw the deceased alive on **Sept 2, 1952** and that death occurred at **m.**, from the causes and on the date stated above.

23A. SIGNATURE Germon H. Norwood		23B. ADDRESS Church Home & Hospital		23C. DATE SIGNED Sept 3, 1952	
--	--	---	--	---	--

24A. BURIAL, CREMATION, REMOVAL (Specify) Removal		24B. DATE 9/3/52		24C. NAME OF CEMETERY OR CREMATORY Elmdale	
24D. LOCATION (City, town, or county) Elmdale, Pennsylvania		24E. DATE RECEIVED BY LOCAL REGISTRAR SEP 3 1952		24F. REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
24G. FUNERAL DIRECTOR Wm. Cook, Inc.		24H. ADDRESS 1217 St. Paul St.			

19520008171

MEDICAL CERTIFICATION

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8175

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 8175

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
OSCAR E. REICHHARDT		Sept. 2, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md.	
B. FULL NAME OF HOSPITAL OR INSTITUTION 804 S. Broadway		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 1303 Walters Ave.	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Oct. 27, 1885
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Superintendent		10B. KIND OF BUSINESS OR INDUSTRY Furniture Warehouse	
13. FATHER'S NAME John H. Reichhardt		14. MOTHER'S MAIDEN NAME Laura E. Nagle	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO.	
17. INFORMANT		ADDRESS Mrs. Alice E. Reichardt-1303 Walters Ave.	

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 1, 1951, to Sept 2, 1952, that I last saw the deceased alive on Aug 31, 1952, and that death occurred at 2:30 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

9/5/52

Moreland Mem. Cem.

Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 3 1952

Huntington Williams, M.D.

Wm. J. Pickner & Sons

UNITED STATES DEPARTMENT OF THE INTERIOR

WATER RESOURCES DIVISION

HYDROLOGIC DATA

STATION NO. 10000000

DATE OF RECORD

NAME OF STATION

LOCATION

STATE

COUNTY

SECTION

TOWNSHIP

RANGE

QUARTER

SECTION

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **8176**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Alice A. Keitz

2. DATE
OF
DEATH

9-1-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

St. Agnes

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2402 Poplar Dr

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

12-29-1903

9. AGE (In years last birthday)

48

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Edward Sheltz

14. MOTHER'S MAIDEN NAME

Ida May Boblitz

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

no

17. INFORMANT

ADDRESS

Mr. Ernest H. Keitz - 2402 Poplar Drive

CAUSE OF DEATH

18. *422.1*
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Terminal uremia*
DUE TO *Chronic nephritis*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Circulatory failure*
DUE TO *A. S. C. V. D.*

(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *8-20*, 19*52* to *9-1*, 19*52*, that I last saw the deceased alive on *9-1*, 19*52*, and that death occurred at *9:45 A.*, from the causes and on the date stated above.

23A. SIGNATURE

George Sheltz

23B. ADDRESS

St. Agnes Hosp

23C. DATE SIGNED

9-1-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

9/5/52

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Cem.

24D. LOCATION (City, town, or county)

Woodlawn, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. J. Dickner & Sons

ADDRESS

19520081 Balto #7, Md.

MEDICAL CERTIFICATION

CERTIFICATE OF BIRTH

STATE OF TEXAS

536

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 8177

BFA-107465

BIRTH NO. 52 8177

1. NAME OF DECEASED (Type or Print) Paul/Sanders		2. DATE OF DEATH Sept. 2, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) Md. STATE B. COUNTY	
B. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) B. C. H. 4940 Eastern Avenue		E. LENGTH OF STAY IN BALTIMORE 55 yrs.	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Aug. 29, 1894
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10B. KIND OF BUSINESS OR INDUSTRY Millwork	9. AGE (In years last birthday) 58
11. BIRTHPLACE (State or foreign country) Md.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME John W. Sanders (D)		14. MOTHER'S MAIDEN NAME Matilda Landwehr (D)	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 213-09-3792	
17. INFORMANT Records: B. C. H. 4940 Eastern Avenue		ADDRESS	

18. 42011 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Myocardial infarction DUE TO Arteriosclerotic Cardiovascular Disease ? yrs. DUE TO Emphysema with Chronic Cor Pulmonale DUE TO		INTERVAL BETWEEN ONSET AND DEATH 1 1/2 hours years
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 9-2		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **1-9** **1947**, to **9-2**, 1952, that I last saw the deceased alive on **9-2**, 1952, and that death occurred at **6:55A** m., from the causes and on the date stated above.

23A. SIGNATURE **J. S. Wogen** M. D. 23B. ADDRESS **4940 Eastern Avenue** 23C. DATE SIGNED **Sept. 2, 1952**

24A. BURIAL, CREMATION, REMOVAL (Specify)
Burial 24B. DATE **9/5/52** 24C. NAME OF CEMETERY OR CREMATORY **New Cathedral Cem.** 24D. LOCATION (City, town, or county) (State)
Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR **SEP 3 1952** REGISTRAR'S SIGNATURE **Huntington Williams, M.D.** 25. FUNERAL DIRECTOR **Wm. J. Tiekner & Sons** ADDRESS **Balto 17, Md.**

UNITED STATES DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY

WASHINGTON, D. C.

NOV 10 1914

TO THE DIRECTOR

OF THE BUREAU

FROM THE CHIEF

OF THE BUREAU OF PLANT INDUSTRY
WASHINGTON, D. C.

RECEIVED

NOV 10 1914

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520
52 8178
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 8178
Registered No.

1. NAME OF DECEASED (Type or Print) JESSE BENESCH SR.		2. DATE OF DEATH 9/2/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland YES		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION UNION MEMORIAL HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE	
c. Length of stay in Baltimore 72 Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) ESPLANADE APTS	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH Feb. 11, 1880
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FURNITURE BUSINESS		10B. KIND OF BUSINESS OR INDUSTRY Owner —	9. AGE (In years, last birthday) 72
11. BIRTHPLACE (State or foreign country) MARYLAND		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME ISAAC BENESCH		14. MOTHER'S MAIDEN NAME BERTHA LAUPHEIMER	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) -		16. SOCIAL SECURITY NO. 216-07-1530	
17. INFORMANT Betha Benesch Esplanade Apts.		ADDRESS	

18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hypertensive Cardiovascular disease DUE TO CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

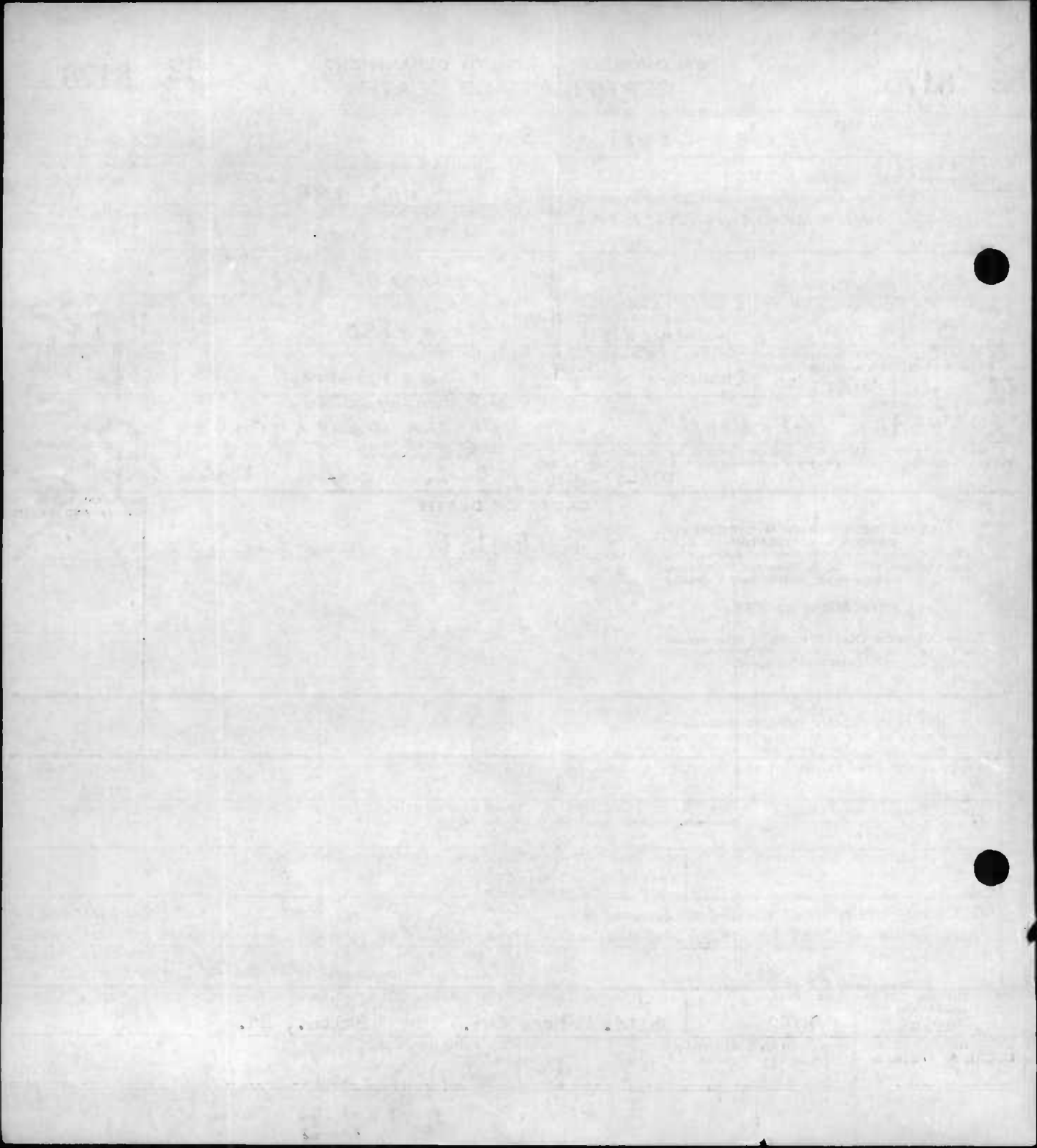
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDER- Lying <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Aug 29**, 19**52**, to **Sept 2**, 19**52**, that I last saw the deceased alive on **Sept 2**, 19**52**, and that death occurred at **5:55 P. m.**, from the causes and on the date stated above.

23A. SIGNATURE Dr. Morgan		23B. ADDRESS Union Memorial Hospital		23C. DATE SIGNED 9/2/52
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 9/4/52	24C. NAME OF CEMETERY OR CREMATORY Balto. Hebrew Cem.	24D. LOCATION (City, town, or county) (State) Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR SEP 3 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Wm. J. Pickney & Sons	ADDRESS Balto. 17, Md.
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VS 150
290660 8175



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 52 8179

BIRTH NO. 326
52 8179

1. NAME OF DECEASED (Type or Print) WHITTAKER, MARY		2. DATE OF DEATH 9-3-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland Univ		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY CARROLL	
B. FULL NAME OF HOSPITAL OR INSTITUTION Univ. Hosp.		C. CITY OR TOWN Rural - Sykesville	
Length of stay in Baltimore 2 Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 5600	
5. SEX F	6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 2/22/1909
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10B. KIND OF BUSINESS OR INDUSTRY own home	
13. FATHER'S NAME Joseph Gaither		14. MOTHER'S MAIDEN NAME MARY Edwards	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.	
		17. INFORMANT Hospital Records	
		ADDRESS	

18. 204.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(A) CEREBRAL HEMORRHAGE		DUE TO ACUTE MYELOGENOUS LEUKEMIA		7-4-52 8-3-52	
ANTECEDENT CAUSES		(B)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO			
(C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **9-2-52**, to **9-3-52**, 19**52**, that I last saw the deceased alive on **9-2-52**, 19**52**, and that death occurred at **12:45** A. M., from the causes and on the date stated above.

23A. SIGNATURE **Wm. B. Greco** M. D. 23B. ADDRESS **Univ. Hospital** 23C. DATE SIGNED **9-3-52**

24A. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL** 24B. DATE **9-6-1952** 24C. NAME OF CEMETERY OR CREMATORY **Johnsville** 24D. LOCATION (City, town, or county) (State) **CARROLL Co. Md.**

DATE RECEIVED BY LOCAL REGISTRAR **SEP 3 1952** REGISTRAR'S SIGNATURE **Huntington Williams** 25. FUNERAL DIRECTOR **C. M. Wertz** ADDRESS **Winfield Ind.**

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BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL CERTIFICATION

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CERTIFICATE OF DEATH

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH COUNTY <u>05</u> <u>203 E. Larrale St. Baltimore</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Baltimore</u> COUNTY <u>05</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Baltimore</u> OR TOWN <u>Baltimore</u> STREET ADDRESS (If rural, give location) <u>203 E. Larrale</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Baltimore</u>		LENGTH OF STAY (in this place) <u>4 yrs</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS			

3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
(First) <u>James</u>	(Middle) <u>Melvin</u>	(Last) <u>Tosh</u>	(Month) <u>9</u> (Day) <u>3</u> (Year) <u>1952</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug 3, 1893</u> 59 yrs.
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		9b. KIND OF BUSINESS OR INDUSTRY	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>Rising Sun Md.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>James Tosh</u>		14. MOTHER'S MAIDEN NAME <u>Rebecca Kearney</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY No. <u>216-16-6835</u>	
		17. INFORMANT AND ADDRESS <u>Mrs. J. M. Tosh, 203 E. Larrale St.</u>	

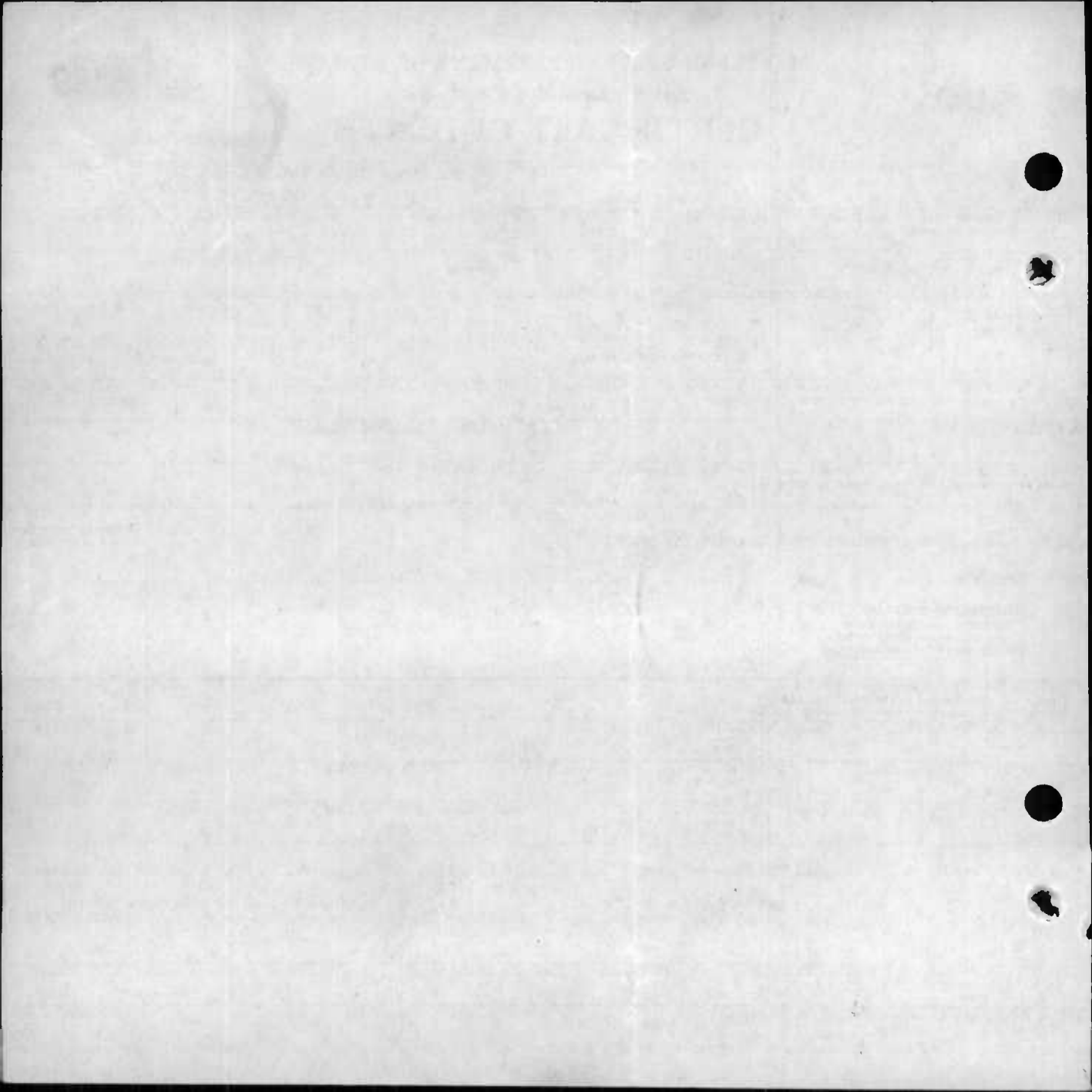
18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) <u>Myocardial Infarction</u>		<u>3 Hours</u>
Antecedent cause(s) (b) <u>Cronary Arteriosclerosis</u>		<u>5 years</u>
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u>General Arteriosclerosis</u>		<u>10 years</u>
2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Congestive Heart Failure</u>		<u>2 months</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

21. ACCIDENT SUICIDE OR INJURY (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
DATE (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input checked="" type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 8/31, 1952, to 9/3, 1952, that I last saw the deceased live on 9/3, 1952, and that death occurred at 9 P. m., from the causes and on the date stated above.

SIGNATURE <u>Penry F. Fetterman, M.D.</u>	(Degree or title)	ADDRESS <u>2 E. Read St. Baltimore, Md.</u>	DATE SIGNED
23. BURIAL, CREMATION OR REMOVAL (Specify)	DATE THEREOF <u>Sept 7 1952</u>	NAME OF CEMETERY OR CREMATORY <u>West Nottingham</u>	LOCATION (City, town, or county) (State) <u>Calver, Cecil Md.</u>
DATE REC'D BY LOCAL REG. <u>SEP 4 1952</u>	REGISTRAR'S SIGNATURE <u>Huntington Williams, M.D.</u>	24. FUNERAL DIRECTOR <u>E. E. Tyson</u>	ADDRESS <u>Rising Sun Md.</u>



352
52 8181BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 8181

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Belle Badaines</i>		2. DATE OF DEATH <i>9/3/52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>New York</i> B. COUNTY <i>V-29</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Sinai Hosp.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Syracuse</i>	
Length of stay in Baltimore <i>3 weeks</i> Yrs. Mos. Days		O. STREET ADDRESS (If rural, give location) <i>408 Greenwood Place</i>	
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>9/21/06</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>House wife</i>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (in years last birthday) <i>45</i>
11. BIRTHPLACE (State or foreign country) <i>Georgia</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>	
13. FATHER'S NAME <i>Jacob</i>		14. MOTHER'S MAIDEN NAME <i>Rebecca</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Dr. Ned Badaines</i>		ADDRESS <i>Same</i>	
18. <i>170X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) <i>Profuse hemorrhage (hematuria)</i> DUE TO ANTECEDENT CAUSES (B) <i>Metastatic carcinoma of liver</i> DUE TO (C) <i>Carcinoma of Breast</i> INTERVAL BETWEEN ONSET AND DEATH			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDER- Lying <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>8/29</i> , 19 <i>52</i> , to <i>9/3</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>9/3</i> , 19 <i>52</i> , and that death occurred at <i>11:25 a.m.</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>Joseph Taler</i> M. D.		23B. ADDRESS <i>Sinai Hospital</i>	
23C. DATE SIGNED <i>9.3.52</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>9-4-52</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Huntington</i>		24D. LOCATION (City, town, or county) (State) <i>Balto Md</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>SEP 4 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	
25. FUNERAL DIRECTOR <i>Jack Lewis</i>		ADDRESS <i>2100 Gaitard Pl</i>	

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UNITED STATES DEPARTMENT OF THE ARMY
OFFICE OF THE CHIEF OF MEDICAL SERVICE
WASHINGTON, D. C.

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 8182
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) H. S. BLACKWELL LATHAM			2. DATE OF DEATH Sept. 3, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION 1310 Argonne Drive			C. CITY OR TOWN (If outside corporate limits, with RURAL and give township) Baltimore		
C. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) 1310 Argonne Drive		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Dec. 25, 1890		9. AGE (In years last birthday) 61
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Vice President			10B. KIND OF BUSINESS OR INDUSTRY Iron and Steel		11. BIRTHPLACE (State or foreign country) Maryland
13. FATHER'S NAME Fayette Latham			14. MOTHER'S MAIDEN NAME Annie Blackwell		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) yes			16. SOCIAL SECURITY NO. 216-01-2378		
16. SOCIAL SECURITY NO. 216-01-2378			17. INFORMANT ADDRESS Mrs. Minerva R. Latham - 1310 Argonne Dr.		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) yes			16. SOCIAL SECURITY NO. 216-01-2378		

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Acute Myeloid Leukemia		CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH
(A) DUE TO		
(B) DUE TO Arteriosclerotic Coronary Artery Disease		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **9-1, 1952**, to **9-3, 1952**, that I last saw the deceased alive on **9-3, 1952**, and that death occurred at **3:30 A.M.**, from the causes and on the date stated above.

23A. SIGNATURE **George S. Watson** M. D. 23B. ADDRESS **1101 St. Paul St.** 23C. DATE SIGNED **9-3-52**

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 9/5/52	24C. NAME OF CEMETERY OR CREMATORY Woodlawn C em.	24D. LOCATION (City, town, or county) (State) Woodlawn, Md.
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DATE RECEIVED BY LOCAL REGISTRAR SEP 4 1952	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR Wm. J. Vickner & Sons	ADDRESS 1101 St. Paul St.
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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 8183
Registered No.

BIRTH NO. 52-20358

1. NAME OF DECEASED (Type or Print) BABY GIRL Woods		2. DATE OF DEATH 9-1-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD B. COUNTY Baltimore	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Bon Secours Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE, 28	
D. STREET ADDRESS (If rural, give location) 101 ARBUTUS Ave		5. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days	
5. SEX FEMALE	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9-1-52
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 15
11. BIRTHPLACE (State or foreign country) MD		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME DONALD EDGAR Woods		14. MOTHER'S MAIDEN NAME PATRICIA Ann Michel	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT Mr. Donald E. Woods-101 Arbutus Ave, Catonsville, Md.		ADDRESS	

18. 759.3 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Congenital anomalies DUE TO (A) _____ ANTECEDENT CAUSES (B) _____ DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) _____ OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH Congenital anomalies	INTERVAL BETWEEN ONSET AND DEATH
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19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 9-1-1952 to 9-1-1952 , that I last saw the deceased alive on 9-1-1952 , and that death occurred at 1 P. m., from the causes and on the date stated above.					
23A. SIGNATURE G. King B. E. Seegar, Jr.		23B. ADDRESS 24 W. Read St.		23C. DATE SIGNED 1 Sept 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 9/4/52		24C. NAME OF CEMETERY OR CREMATORY Woodlawn Cem.	
24D. LOCATION (City, town, or county) Woodlawn, Md.		24E. NAME OF CEMETERY OR CREMATORY Woodlawn Cem.		24F. LOCATION (City, town, or county) Woodlawn, Md.	
DATE RECEIVED BY LOCAL REGISTRAR SEP 4 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Wm. J. Pickner & Sons	
VS 150		195200008		Baths 17, mnd.	

May 1911

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 8184
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOHN S. PATTI

2. DATE
OF
DEATHSEPT.
1952
15-38

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

BON SECOURS HOSP

C. Length of stay in Baltimore

LIFETIME

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. MARRIED, WIDOWED, DIVORCED (Specify)

M

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

MARYLAND

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
BALTIMORE MD

D. STREET ADDRESS (If rural, give location)

3604 DUVALLE AVE

5. SEX

M

6. COLOR OR RACE

W

7. MARRIED, WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

JULY 8, 1899

9. AGE (In years last birthday)

63

10. Under 1 Year
Months: Days: Hours: Min.

1 22

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

READ DRUG & CHEM - PHARMACEUT

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

BALTIMORE, MD.

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

JOSEPH PATTI

PHARMACEUT

14. MOTHER'S MAIDEN NAME

ANTONIA PALMISANO

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

212-03-4789

17. INFORMANT ADDRESS

MRS. M. PATTI 3604 DUVALLE AVE

18.

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CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) GENERALIZED CARCINOMATOSIS

DUE TO involving small and large bowel (1952)

ANTECEDENT CAUSES

high

(B) INTESTINAL OBSTRUCTION

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO tumor of transverse colon at splenic flexure (1950)

(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

M. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Aug 15, 1952 to SEPT 3, 1952, that I last saw the deceased alive on SEPT 2, 1952 and that death occurred at 12:05 AM, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. MORTUARY CREMATION (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

24A. MORTUARY CREMATION (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 4 1952

Huntington Williams, Jr.

GEO. H. LEIMBACH 521 LYNCHBURG ST

See query reply
Document File 52-8184
9/9/52 ES

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10/17/52 - 10/17/52 - 10/17/52
10/17/52 - 10/17/52 - 10/17/52

632
52 8185BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 8185

1. NAME OF DECEASED (Type or Print) Anna Hardester		2. DATE OF DEATH Sept 2, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland (If not in hospital or institution, give street address or location)		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 5806 Harford Road		E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 11-30-1881
9. AGE (In years last birthday) 70		10. UNDER 1 Year Months: Days	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk		10B. KIND OF BUSINESS OR INDUSTRY Chemical Co.	
11. BIRTHPLACE (State or foreign country) Pa.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Frank Smith		14. MOTHER'S MAIDEN NAME Adeline Haberbush	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT JOHNS HOPKINS HOSPITAL		ADDRESS	

18. 420.1 I	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Acute pulmonary edema DUE TO	
ANTECEDENT CAUSES	(B) Acute myocardial infarction DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(C) Hypertensive Cardiovascular Disease	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK AT WORK	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-2-1952 to 9-2-1952 that I last saw the deceased alive on 9-2-1952, and that death occurred at 5:30 AM, from the causes and on the date stated above.

23A. SIGNATURE Norman E. Shaver, M.D.	23B. ADDRESS JOHNS HOPKINS HOSPITAL	23C. DATE SIGNED 9-3-52
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 9/5/52	24C. NAME OF CEMETERY OR CREMATORY Parkwood	24D. LOCATION (City, town, or county) (State) Parkville Md.
DATE RECEIVED BY LOCAL REGISTRAR SEP 4 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Cok Inc. 1217 St. Paul St	ADDRESS

33 8188

33 8188

CERTIFICATE OF DEATH

33 8188

<p>1. NAME OF DECEASED</p> <p><i>John Doe</i></p>		<p>2. SEX</p> <p><i>Male</i></p>	
<p>3. AGE</p> <p><i>45</i></p>		<p>4. DATE OF BIRTH</p> <p><i>10/15/1915</i></p>	
<p>5. PLACE OF BIRTH</p> <p><i>New York City</i></p>		<p>6. OCCUPATION</p> <p><i>Teacher</i></p>	
<p>7. CAUSE OF DEATH</p> <p><i>Heart Disease</i></p>		<p>8. PLACE OF DEATH</p> <p><i>Home</i></p>	
<p>9. SIGNATURE OF PHYSICIAN</p> <p><i>Dr. J. Smith</i></p>		<p>10. SIGNATURE OF WITNESSES</p> <p><i>Mr. A. Brown, Mrs. C. Green</i></p>	
<p>11. DATE OF DEATH</p> <p><i>10/20/1960</i></p>		<p>12. TIME OF DEATH</p> <p><i>10:00 AM</i></p>	
<p>13. SIGNATURE OF REGISTRAR</p> <p><i>John Doe</i></p>		<p>14. SIGNATURE OF CLERK</p> <p><i>John Doe</i></p>	

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 8186**

1. NAME OF DECEASED
(Type or Print) **James L. Johnson**

2. DATE OF DEATH **8-30-52**

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)
A. STATE **MD** B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION **University Hospital**

C. CITY OR TOWN (If outside corporate limits, write FULL name and township) **Balto.**

D. STREET ADDRESS (If rural, give location) **1114 Sarah Ann St**

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX **Male** 6. COLOR OR RACE **Col** 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) **Married**

8. DATE OF BIRTH **Aug. 12, 1921** 9. AGE (In years last birthday) **31** 10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Truck Driver**

10B. KIND OF BUSINESS OR INDUSTRY **TRUCKING**

11. BIRTHPLACE (State or foreign country) **Harmons MD**

12. CITIZEN OF WHAT COUNTRY? **USA**

13. FATHER'S NAME **Walter Johnson**

14. MOTHER'S MAIDEN NAME **Hester Torga**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) **No** (If yes, give war or dates of service) **WW II**

16. SOCIAL SECURITY NO.

17. INFORMANT **Walter Johnson** ADDRESS **229 Bolivar Ave**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) **Crushing Injury of Chest**
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Fracture of Sternum**
DUE TO
(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) **Road**

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) **Summit, D. C.**

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY **Aug. 30, 1952** m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR? **Car went out of control & overturned**

22. I certify that I took charge of the remains described above, held an **Partial Autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE **William Williams**

23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED **8-31-52**

24A. BURIAL, CREMATION, REMOVAL (Specify) **Burial**

24B. DATE **Sept 4, 52**

24C. NAME OF CEMETERY OR CREMATORY **Balto National**

24D. LOCATION (City, town, or county) (State) **Balto MD**

DATE RECEIVED BY LOCAL REGISTRAR **SEP 4 1952**

REGISTRAR'S SIGNATURE **Huntington Williams, MD**

25. FUNERAL DIRECTOR **Wm. K. Williams**

ADDRESS **322**

3812 25

IN STATE OF TEXAS

3812 25

8-30-25

James L. Johnson

Warrant

Warrant to arrest
James L. Johnson

Warrant to arrest
James L. Johnson

Warrant to arrest

Warrant to arrest

8-30-25

520

8187

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 8187
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

George Demski

2. DATE
OF
DEATH

Sep 2 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

607 S. Grundy Street

C. CITY OR TOWN (If outside corporate limits, write R.R. No. and give township)

Baltimore 26-07

C. Length of stay in Baltimore

45 years

Yrs.
Mos.
Days

607 S. Grundy Street

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

April 2 1880 70

9. AGE (in years last birthday)

II Under 1 Year
Months: Days Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Plumber

10B. KIND OF BUSINESS OR INDUSTRY

Levinson

11. BIRTHPLACE (State or foreign country)

Poland

12. CITIZEN OF WHAT COUNTRY?

Poland

13. FATHER'S NAME

Adam Demski

14. MOTHER'S MAIDEN NAME

Catherine ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

218-07-7866

17. INFORMANT

ADDRESS

Joseph Demski 607 S. Grundy

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Myocardial Degeneration

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO
(C)Myocarditis
Hypertensive Cardiovascular Disease

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from June 6, 1949, to Sept 2, 1952, that I last saw the deceased alive on June 14, 1952, and that death occurred at 7:4 m., from the causes and on the date stated above.

23A. SIGNATURE

Edward A. Flanagan Jr.

M. D.

23B. ADDRESS

3501 Fair Ave. Balt.

23C. DATE SIGNED

9-3-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Sep. 15 1952

24C. NAME OF CEMETERY OR CREMATORY

Holy Rosary Cem

24D. LOCATION (City, town, or county)

Baltimore County

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

John H. Weber 401 S. Chester St

SEP 4 1952

VS 150

1952 5778 248 184

correct age is 52

1912 93

1912

12.10.12



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 8188
Registered No.

BIRTH NO. 600
2 8188

1. NAME OF DECEASED (Type or Print) <u>AGNES E MOORE</u>		2. DATE OF DEATH <u>9-3-52</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>MARYLAND</u> B. COUNTY _____	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>UNIVERSITY HOSPITAL</u>		C. CITY OR TOWN (If outside corporate limits, give RURAL and give township) <u>BALTIMORE</u>	
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) <u>756 MELVILLE AVE #18</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>Sept 1 1891</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10B. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (State or foreign country) _____		12. CITIZEN OF WHAT COUNTRY? _____	
13. FATHER'S NAME <u>JAMES Shea</u>		14. MOTHER'S MAIDEN NAME <u>BRIDGET KILMURRAY</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) _____		16. SOCIAL SECURITY NO. _____	
17. INFORMANT _____		ADDRESS _____	

18. <u>420.1</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>ACUTE MYOCARDIAL INFARCTION</u> DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <u>CORONARY THROMBOSIS</u>	CAUSE OF DEATH <u>ACUTE MYOCARDIAL INFARCTION</u> <u>CORONARY THROMBOSIS</u>	INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs.</u>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <u>0</u>	19B. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____
21D. TIME (Month) (Day) (Year) (Hour) INJURY _____	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 9-2-52, 1952, to 9-3-52, 1952; that I last saw the deceased alive on 9-3-52, 1952, and that death occurred at 10:15 Am., from the causes and on the date stated above.

23A. SIGNATURE Donald A. Waigel M. D. 23B. ADDRESS University Hospital 23C. DATE SIGNED 9-3-52

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial 24B. DATE Sept 6, 1952 24C. NAME OF CEMETERY OR CREMATORY Cathedral 24D. LOCATION (City, town, or county) (State) Baltimore

DATE RECEIVED BY LOCAL REGISTRAR SEP 4 1952 REGISTRAR'S SIGNATURE Huntington Williams, M.D. 25. FUNERAL DIRECTOR Rita Wiedefeld ADDRESS 900 E. Biddle St.

<p>NAME OF DECEASED [Faint text]</p>		<p>AGE [Faint text]</p>	
<p>SEX [Faint text]</p>		<p>RACE [Faint text]</p>	
<p>DATE OF BIRTH [Faint text]</p>		<p>DATE OF DEATH [Faint text]</p>	
<p>PLACE OF BIRTH [Faint text]</p>		<p>PLACE OF DEATH [Faint text]</p>	
<p>CAUSE OF DEATH [Faint text]</p>		<p>IMMEDIATE CAUSE [Faint text]</p>	
<p>UNDERLYING CAUSE [Faint text]</p>		<p>PREVAILING DISEASE [Faint text]</p>	
<p>DATE OF EXAMINATION [Faint text]</p>		<p>DATE OF REPORT [Faint text]</p>	
<p>SIGNATURE OF PHYSICIAN [Faint text]</p>		<p>SIGNATURE OF REGISTRAR [Faint text]</p>	
<p>DATE OF SIGNATURE [Faint text]</p>		<p>DATE OF SIGNATURE [Faint text]</p>	

Sexton

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **52 8189**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Lelah Sexton</i>		2. DATE OF DEATH <i>2 Sept- 1952</i> <i>6 P.M.</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>1200 Valley St</i>		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION <i>Little Sisters of the Poor</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 10-01</i>	
c. Length of stay in Baltimore <i>6 yrs</i>		D. STREET ADDRESS (If rural, give location) <i>1200 Valley St</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married Sexton</i>	8. DATE OF BIRTH <i>13 July 1878</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <i>74</i>
11. BIRTHPLACE (State or foreign country) <i>Virginia</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>Don't know</i>		14. MOTHER'S MAIDEN NAME <i>Don't know</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Little Sisters of the Poor</i>		ADDRESS	

18. <i>331X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH (A) <i>Cerebral Hemorrhage</i> DUE TO (B) <i>Arterio Sclerosis</i> DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH <i>2 weeks</i> <i>5 yrs</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> m. WORK AT WORK		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from *July 1, 1952* to *Sept 2, 1952*, that I last saw the deceased alive on *Sept 2, 1952*, and that death occurred at *6 P.M.*, from the causes and on the date stated above.

23A. SIGNATURE <i>C. Gill Hall M.D.</i>	23B. ADDRESS <i>1631 E North Ave</i>	23C. DATE SIGNED <i>Sept 4-1952</i>
--	---	--

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>	24B. DATE <i>Sept 4, 1952</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Cathedral</i>	24D. LOCATION (City, town, or county) (State) <i>Baltimore</i>
--	----------------------------------	--	---

DATE RECEIVED BY LOCAL REGISTRAR <i>SEP 4 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>Rita Wiedefeld 900 E Biddle St</i>
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520
2 8190

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 8190

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
Rev. Robert Johns		Sep. 3, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)	
I ha 2		A. STATE Pa	
B. FULL NAME OF HOSPITAL OR INSTITUTION		B. COUNTY V-35	
JOHNS HOPKINS HOSPITAL		C. CITY OR TOWN Satrobe	
C. Length of stay in Baltimore 19 Days		D. STREET ADDRESS (If rural, give location)	
Yrs. Mos. Days		Box 102 Rt 4	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH
Male	White	Married	Aug 21, 1899
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday)
Minister		Church	53
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
John C. Johns		Ernestina Yonkey	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
No		175-14-7641	
17. INFORMANT		ADDRESS	
JOHNS HOPKINS HOSPITAL			

18. 540.0 I	CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A)	Pulmonary insufficiency	72 hrs.
ANTECEDENT CAUSES	(B)	Post operative total gastrectomy	72 hrs.
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(C)	Gastric ulcer, benign	18 mths.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION
8/30/52	Benign gastric ulcer
20. AUTOPSY?	
YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED
	WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>
21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 8/15, 1952, to 9/3, 1952, that I last saw the deceased alive on 9/3, 1952, and that death occurred at 3:20 A. M., from the causes and on the date stated above.	
23A. SIGNATURE	23B. ADDRESS
D. C. McLoon	JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED	
9/3/52	
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE
Burial	Sept. 7, 1952
24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Hillgrove Cemetery	Connellsville Fayette Co. Pa.
DATE RECEIVED BY LOCAL REGISTRAR	25. FUNERAL DIRECTOR
SEP 4 1952	Ellsworth Armacost
VS 150	4600 Liberty Heights Ave.

MEDICAL CERTIFICATION

19 5098W 20 8187

0000

CERTIFICATE OF DEATH

1. Name of deceased: [illegible]
2. Sex: [illegible]
3. Age: [illegible]
4. Date of birth: [illegible]
5. Place of birth: [illegible]
6. Date of death: [illegible]
7. Place of death: [illegible]
8. Cause of death: [illegible]
9. Signature of physician: [illegible]
10. Signature of registrar: [illegible]

11. Name of informant: [illegible]
12. Address of informant: [illegible]
13. Signature of informant: [illegible]
14. Date of completion: [illegible]

15. Name of registrar: [illegible]
16. Signature of registrar: [illegible]
17. Date of registration: [illegible]

18. Name of registrar: [illegible]
19. Signature of registrar: [illegible]
20. Date of registration: [illegible]

42
52 8191

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 8191

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Before
CLARENCE A. KNOWLES

2. DATE
OF
DEATH

9-2-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

Balto.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Univ of Md. Hospital

C. CITY OR TOWN (If outside corporate limits, write R.U.M.L. and give township)

Baltimore

12-06

C. Length of stay in Baltimore

life

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

2916 Crescent Ave

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

Male

White

Married

9/4/1889

63

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Accounting

10B. KIND OF BUSINESS OR INDUSTRY

Bto R.C.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Albert Knowles

14. MOTHER'S M maiden name

Louise Severson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

Yes W.W.I

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Wladys P. Krumholz 2916 Crescent

18. *610X*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A) *Chemia + lower nephron nephrosis 7 days*

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Post operative shock*

DUE TO

(C) *Bleeding following transurethral prostatectomy*

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

8-28-52

19B. MAJOR FINDINGS OF OPERATION

BPH

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from *Sept 2*, 1952 to *Sept 2*, 1952 that I last saw the deceased alive on *Sept 2*, 1952, and that death occurred at *1:00* P.m., from the causes and on the date stated above.

23A. SIGNATURE

Benj. A. Adelman M.D.

23B. ADDRESS

Univ. Hospital

23C. DATE SIGNED

9-2-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

9/4/52

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn

24D. LOCATION (City, town, or county) (State)

Woodlawn, Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

SEP 4 1952

Harry F. Witzke, 4101 Edmondson Ave.

1938 54

OFFICE OF THE ATTORNEY GENERAL
STATE OF NEW YORK
DEPARTMENT OF HEALTH

1938

1. NAME OF DECEASED: *John Doe*

2. SEX: *Male*

3. AGE: *45*

4. DATE OF DEATH: *Jan 15 1938*

5. PLACE OF DEATH: *New York City*

6. CAUSE OF DEATH: *Heart Disease*

7. DISEASE OR INJURY: *Myocardial Infarction*

8. OCCASION OF DEATH: *Sudden*

9. SIGNATURE OF PHYSICIAN: *Dr. J. Smith*

10. SIGNATURE OF WITNESS: *John Doe*

11. SIGNATURE OF DECEASED: *John Doe*

12. SIGNATURE OF ATTORNEY: *John Doe*

13. SIGNATURE OF JUDGE: *John Doe*

14. SIGNATURE OF CLERK: *John Doe*

15. SIGNATURE OF NOTARY: *John Doe*

16. SIGNATURE OF OTHER: *John Doe*

17. SIGNATURE OF OTHER: *John Doe*

18. SIGNATURE OF OTHER: *John Doe*

19. SIGNATURE OF OTHER: *John Doe*

20. SIGNATURE OF OTHER: *John Doe*

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 8192

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) **CHARLES T. ROBINSON** 2. DATE OF DEATH **SEP 27 1952**

3. PLACE OF DEATH:
A. Baltimore City, Maryland 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **MD** B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
175 S. GILMORE ST C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
BALTIMORE 19-03

D. STREET ADDRESS (If rural, give location)
175 S. GILMORE ST

C. Length of stay in Baltimore Yrs. Mos. Days
5. SEX **MALE** 6. COLOR OR RACE **White** 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) **MARRIED** 8. DATE OF BIRTH **MAY 13 1908** 9. AGE (In years last birthday) **44** If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **ELECTRIC REPAIRS** 10B. KIND OF BUSINESS OR INDUSTRY **ELEC' APPLIANCE** 11. BIRTHPLACE (State or foreign country) **BALTO MD** 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME **JOSEPH T. ROBINSON (M)** 14. MOTHER'S MAIDEN NAME **MARGARET MCENTEE**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) **YES** (If yes, give war or dates of service) **2** 16. SOCIAL SECURITY NO. **415-07-905** 17. INFORMANT **MARGARET JENNIE ROBINSON** ADDRESS **175 S. GILMORE ST**

18. **526X** CAUSE OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, assthenia, etc. It means the disease, injury or complication which caused death.)
BRONCHIECTASIS
INTERVAL BETWEEN ONSET AND DEATH
years

ANTECEDENT CAUSES
(A) DUE TO
(B) DUE TO
(C) DUE TO

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION **0** 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE AT WORK ☐ 21F. HOW DID INJURY OCCUR?

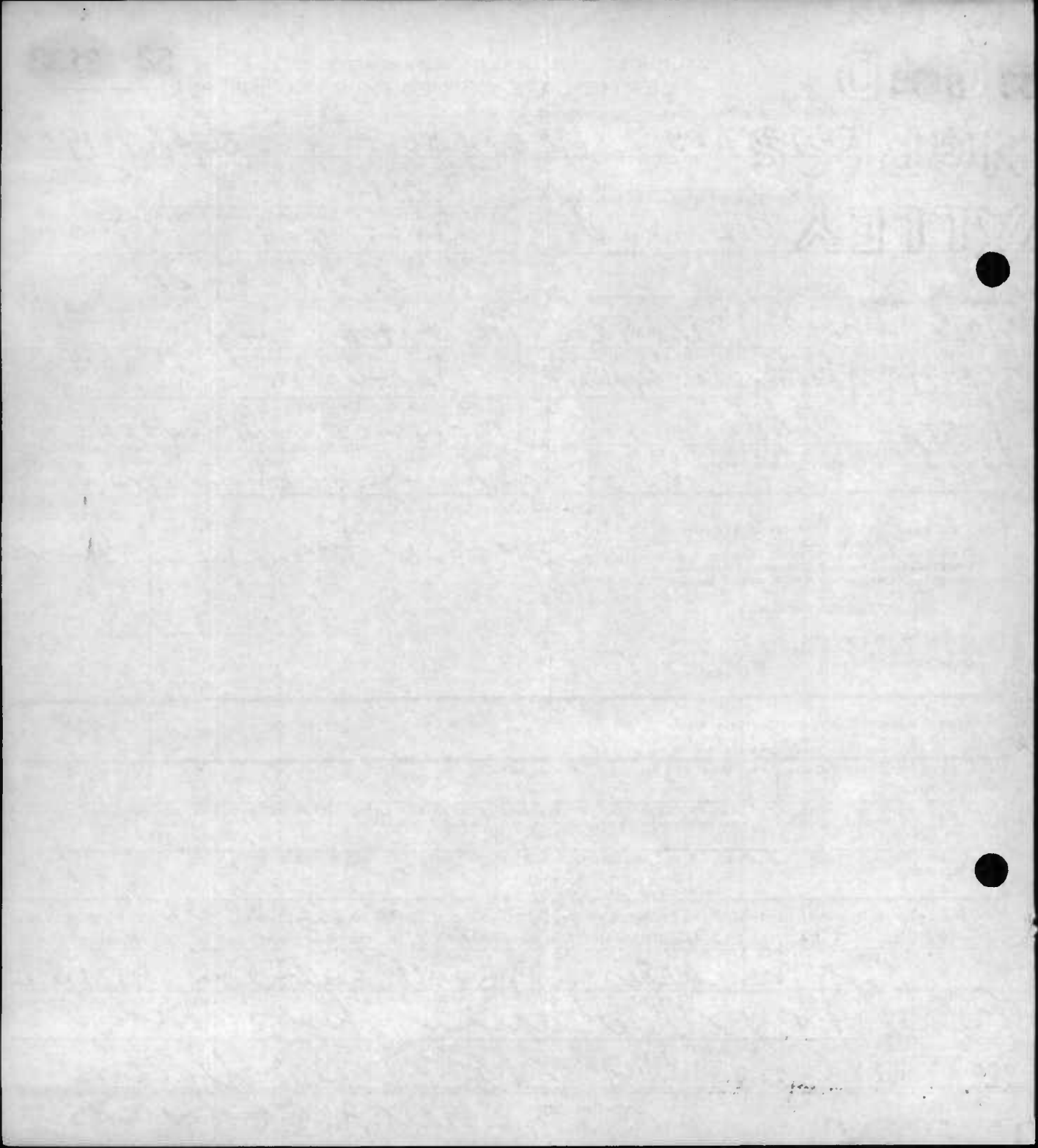
22. I hereby certify that I attended the deceased from **Sept 1, 1950** to **Sept 2, 1952**, that I last saw the deceased alive on **9/21, 1952** and that death occurred **at 10 P. m.**, from the causes and on the date stated above.

23A. SIGNATURE **E. Mendels** M. D. 23B. ADDRESS **651 N. Benton** 23C. DATE SIGNED **9/3/52**

24A. BURIAL, CREMATION, OR REMOVAL (Specify) **Buried** 24B. DATE **9-5-52** 24C. NAME OF CEMETERY OR CREMATORY **New Creche** 24D. LOCATION (City, town, or county) (State) **BALTO MD**

DATE RECEIVED BY LOCAL REGISTRAR **SEP 4 1952** REGISTRAR'S SIGNATURE **Huntington Williams** 25. FUNERAL DIRECTOR **1011 E. B. M. Walters** ADDRESS **554 3rd St. Cr. & Studio**

VS 150



D-163
REA-162147BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 8193
Registered No.

BIRTH NO.

52 8193

1. NAME OF DECEASED
(Type or Print)

James Thomas Daubert

2. DATE

Sept. 1, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Baltimore City Hospitals

4940 Eastern Avenue

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

246 S. Bouldin Street

26-10

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Dec. 26, 1874

9. AGE (in years,
last birthday)

77

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Frederick Daubert

14. MOTHER'S MAIDEN NAME

Mary Connolley

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, an or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Records: B. C. H. 4940 Eastern Avenue

18. 331X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Intracranial Hemorrhage

DUE TO

4 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Pulpara, ? Thrombocytopenis

3-4 mos.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-18, 1952, to 9-1, 1952, that I last saw the
deceased alive on 9-1, 1952, and that death occurred at 11:45 P.M., from the causes and on the date stated above.

23A. SIGNATURE

P. S. Cohen, M.D.

23B. ADDRESS

4940 Eastern Avenue

23C. DATE SIGNED

9-2-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

9/5/52

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

P. 4 1952

REGISTRAR'S SIGNATURE

Huntington, Williams, M.D.

25. FUNERAL DIRECTOR

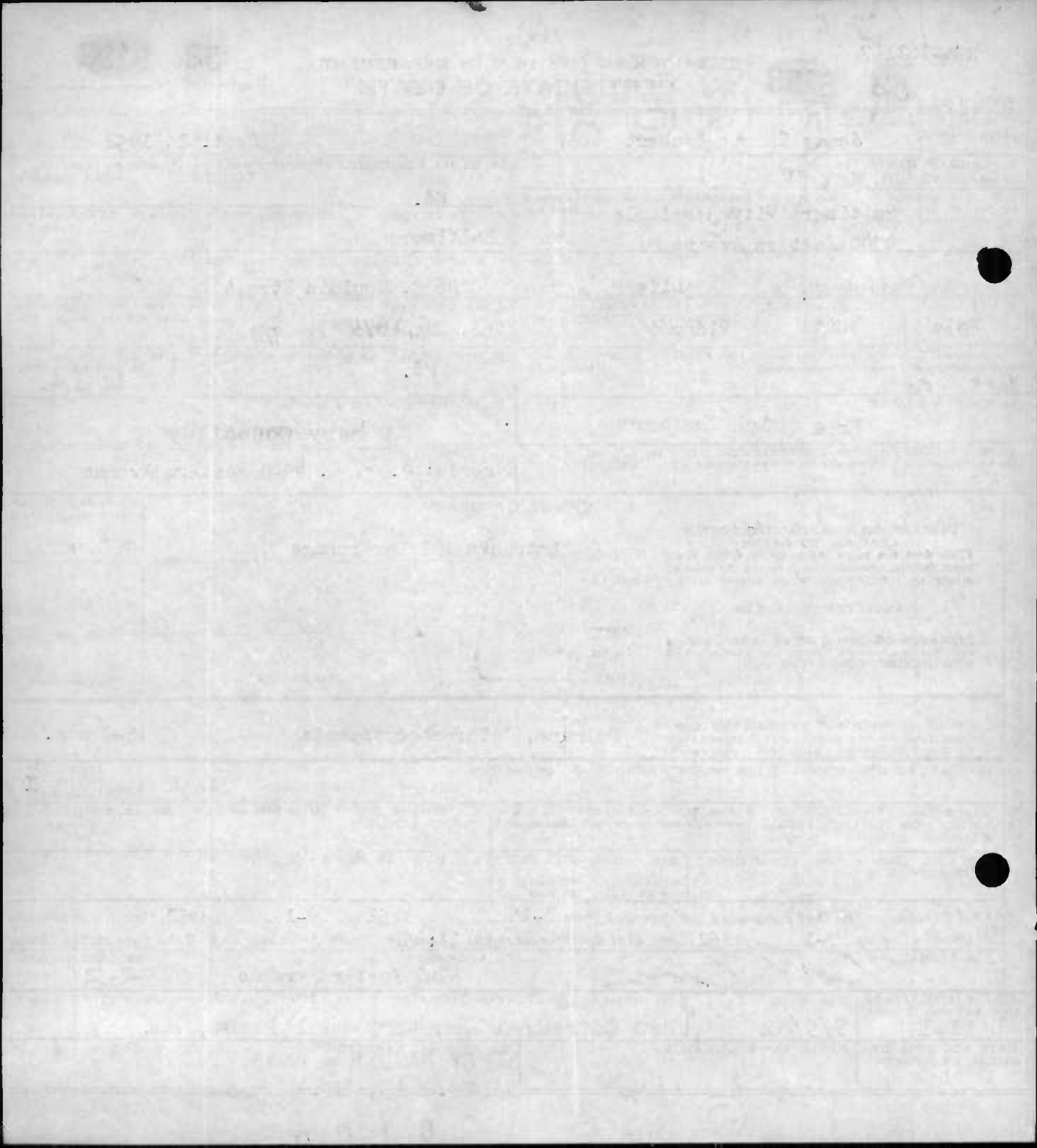
HENRY SANDER & SONS, INC.

ADDRESS

BALTO., 13, MD.

VS 150

Sander & Sons



W-524189A
52 819ABALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 819A

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Anna L. Wolf

2. DATE
OF
DEATH

Sept. 2 '1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Md. General Hosp.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F.

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

(WIDOWED, DIVORCED) (Specify)

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

At Home

13. FATHER'S NAME

John Henry Bender

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.4. USUAL RESIDENCE (Where deceased lived, If institution: residence
before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give
township)

8. DATE OF BIRTH

Mar. 4 1886

9. AGE (In years
last birthday)

66

11 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Baltimore Md.

12. CITIZEN OF
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Katherine Kutz

17. INFORMANT

ADDRESS

Edward G. Wolf 2876 Harford Rd

18. 156.1

CAUSE OF DEATH

Carcinoma

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Ca. of liver & metastasis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

To pleura, Rt.

(C)

INTERVAL BETWEEN
ONSET AND DEATHOTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 8, 1952 to Sept 2, 1952, that I last saw the
deceased alive on Sept. 2, 1952, and that death occurred at 2 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Geo. J. Linn

M. O.

23B. ADDRESS

Md. General Hosp.

23C. DATE SIGNED

Sept. 2 '52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

Sept 5 1952

London Park

Balto Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

John F. Gensel

ADDRESS

5311 Edmondson

ave

P 4 VS 1952

1952 02 08 121

1912 53

RECEIVED

1912 53



S-530

52 8195

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 8195

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Amelia Mary Smith

2. DATE
OF
DEATH1952
September 2,

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)
A. STATE Md. B. COUNTYB. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
1927 Penna Ave.C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Balto.

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

1927 Penna Ave.

14-03

5. SEX

F

6. COLOR OR RACE

C

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

S

8. DATE OF BIRTH

Jan. 10, 1892

9. AGE (In years last birthday)

60

If Under 1 Year Months: Days Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during usual life, even if retired)

Domestic

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF WHAT COUNTRY?
USA

13. FATHER'S NAME

Andrew Smith

14. MOTHER'S MAIDEN NAME

Sara Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.
none

17. INFORMANT

Jean Grant 1927 Penna Ave.

ADDRESS

18. 443X I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) cerebral hemorrhage
DUE TO

INTERVAL BETWEEN ONSET AND DEATH

2 hrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) hypertensive cardio-vascular disease
DUE TO
(C)

3 yrs

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1951, to Sept 2, 1952, that I last saw the deceased alive on Sept 2, 1952, and that death occurred at 8:45 P.m., from the causes and on the date stated above.

23A. SIGNATURE

James D. Carr

M. D.

23B. ADDRESS

1427 Madison Ave

23C. DATE SIGNED

9.3.52

24A. BURIAL, CREMATION, OR OTHER (Specify)

Burial

24B. DATE

Sept. 6, 1952

24C. NAME OF CEMETERY OR CREMATORY

Mt Auburn

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Geo. G. Kelson 1303 Presstman St.

1916

THE NATIONAL BUREAU OF INVESTIGATION

1916

UNITED STATES DEPARTMENT OF JUSTICE

INVESTIGATION OF THE ACTS OF VIOLENCE AND OBSTRUCTION OF JUSTICE
COMMITTED BY THE KLU KLUX KLAN IN THE STATE OF MISSISSIPPI

REPORT OF THE SPECIAL AGENT IN CHARGE, J. EDGAR HOOVER

MADE DURING HIS VISIT TO THE STATE OF MISSISSIPPI IN 1915

AT THE CITY OF JACKSON, MISSISSIPPI

IN THE MONTH OF JANUARY, 1916

FOR THE YEAR 1915

AND FOR THE YEAR 1916

TO THE UNITED STATES DEPARTMENT OF JUSTICE

AT WASHINGTON, D. C.

1916

1916

1916

1916

1916

1916

1916

1916

1916

1916

1916

1916

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MRS. QUINCY CANALE.

2. DATE
OF
DEATH3rd Sept. '52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

BALTIMORE

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

MERCY HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

1722 N. Chapel St. #13.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Dec. 16th 18669. AGE (In years
last birthday)

85

If Under 1 Year
Months: Days: Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

VIRGINIA

12. CITIZEN OF
WHAT COUNTRY?
U. S. A.

13. FATHER'S NAME

Joseph Clark

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 153X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Carcinoma of Sigmoid Colon

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Atherosclerosis - Generalized Arteriosclerosis

19A. DATE OF OPERATION

18th Aug '52

19B. MAJOR FINDINGS OF OPERATION

Obstruction

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 13th Aug., 1952, to 3rd Sept., 1952, that I last saw the
deceased alive on 2nd Sept., 1952, and that death occurred at 2:50 pm., from the causes and on the date stated above.

23A. SIGNATURE

M. J. Quinn

M. D.

23B. ADDRESS

Mercy Hospital

23C. DATE SIGNED

3rd Sept. '5224A. BURIAL, CREMA-
TION, REMOVAL (Specify)DATE RECEIVED BY
LOCAL REGISTRAR

24B. DATE

Sept. 6 1952

24C. NAME OF CEMETERY OR CREMATORY

Glen Haven Cem Anne Arundel Co. Md

24D. LOCATION (City, town, or county)

(State)

25. FUNERAL DIRECTOR

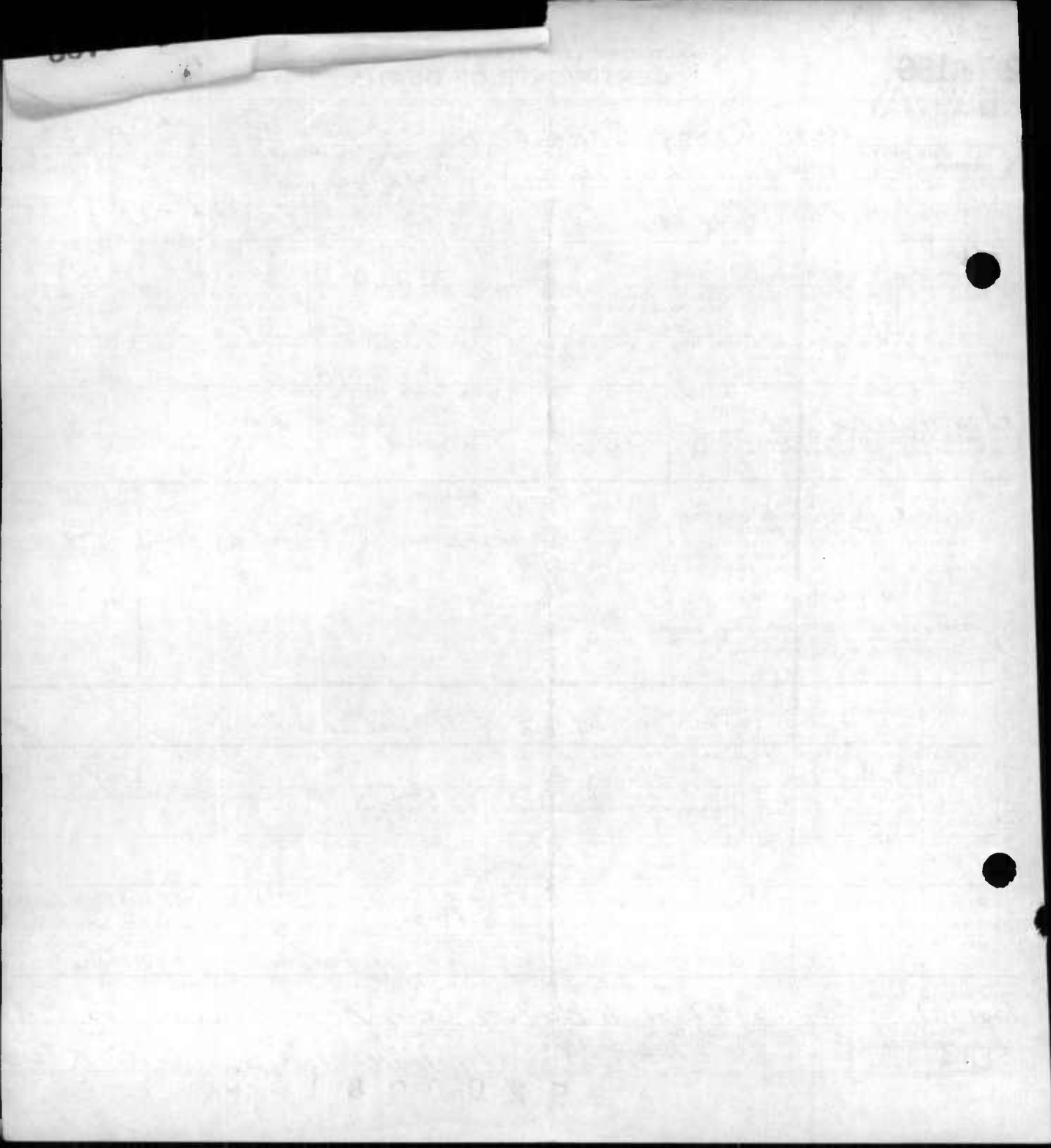
ADDRESS

Huntington Williams, M.D.

J. Melville Jenkins, 2713 Kirk Ave

VS 150

19520008193



645
52 8197BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 8197
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mr. John Beyerlein

2. DATE
OF
DEATH

9-3-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

St. Agnes Hospital

C. Length of stay in Baltimore

55 Yrs

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
MarylandB. COUNTY
Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore, Maryland

D. STREET ADDRESS (If rural, give location)

1902 Hammonds Ferry Rd.

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

2-17-1897

9. AGE (In years
last birthday)

55 Yrs.

If Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Tool Maker

10B. KIND OF BUSINESS OR
INDUSTRY

Coppers Co Baltimore

13. FATHER'S NAME

John

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

212-09-8562

17. INFORMANT

ADDRESS

Margaret
1902 Hammonds Ferry Rd Baltimore

18. 443X

CAUSE OF DEATH

Interval between
onset and deathDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Cerebral Hemorrhage

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Hypertensive C. V. D.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-91, 1952 to 9-3, 1952, that I last saw the
deceased alive on 9-9, 1952, and that death occurred at 9:55 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

St. Agnes Hospital

9-3-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 4 1952

Huntington Williams, M.D.

Edmund Johnson Baltimore Md

STATE OF NEW YORK

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453
52 8198BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 8198

1. NAME OF DECEASED (Type or Print) Sophia Glantz			2. DATE OF DEATH September 2, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 8-05		
B. FULL NAME OF HOSPITAL OR HOSPITAL St. Joseph's			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore 27 years			D. STREET ADDRESS (If rural, give location) 1846 N. Chester St.		
5. SEX F.	6. COLOR OR RACE W.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH April 19, 1890	9. AGE (In years last birthday) 62	10. Under 1 Year Months: Days 4 14
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House.		10B. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (State or foreign country) Germany		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME George Weissinger			14. MOTHER'S MAIDEN NAME Margeline Weissinger		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No			16. SOCIAL SECURITY NO. Frank C. Glantz		
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.) Myocardial infarction			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Hypertensive cardiovascular disease					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Acute pulmonary edema					
19A. DATE OF OPERATION 0			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from August 28, 1952 to September 2, 1952 , that I last saw the deceased alive on Sept. 2, 1952 , and that death occurred at 4:05 p.m. , from the causes and on the date stated above.					
23A. SIGNATURE Carlos F. F...			23B. ADDRESS 1400 N. Caroline St.		23C. DATE SIGNED Sept. 2, '52
24A. BURIAL, CREMATION, REMOVAL (Specify) Buried		24B. DATE Sept. 5, 1952	24C. NAME OF CEMETERY OR CREMATORY Baltimore Cemetery North Ave. & Rose St		24D. LOCATION (City, town, or county) (State) Baltimore, Md.
DATE RECEIVED BY LOCAL REGISTRAR SEP 4 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		FUNERAL DIRECTOR Albert L. Nitz	
				ADDRESS 4642 Belair Road	

8312

57

STAGE 10-11-1973

8312

58

1. The first part of the report describes the general situation of the project and the results of the first stage of the investigation. It is noted that the project has been carried out in accordance with the programme of work approved by the Committee at its meeting on 10th November 1973.

2. The second part of the report describes the results of the first stage of the investigation. It is noted that the results of the first stage of the investigation are in good agreement with the results of the second stage of the investigation.

3. The third part of the report describes the results of the second stage of the investigation. It is noted that the results of the second stage of the investigation are in good agreement with the results of the third stage of the investigation.

4. The fourth part of the report describes the results of the third stage of the investigation. It is noted that the results of the third stage of the investigation are in good agreement with the results of the fourth stage of the investigation.

5. The fifth part of the report describes the results of the fourth stage of the investigation. It is noted that the results of the fourth stage of the investigation are in good agreement with the results of the fifth stage of the investigation.

6. The sixth part of the report describes the results of the fifth stage of the investigation. It is noted that the results of the fifth stage of the investigation are in good agreement with the results of the sixth stage of the investigation.

7. The seventh part of the report describes the results of the sixth stage of the investigation. It is noted that the results of the sixth stage of the investigation are in good agreement with the results of the seventh stage of the investigation.

8. The eighth part of the report describes the results of the seventh stage of the investigation. It is noted that the results of the seventh stage of the investigation are in good agreement with the results of the eighth stage of the investigation.

9. The ninth part of the report describes the results of the eighth stage of the investigation. It is noted that the results of the eighth stage of the investigation are in good agreement with the results of the ninth stage of the investigation.

10. The tenth part of the report describes the results of the ninth stage of the investigation. It is noted that the results of the ninth stage of the investigation are in good agreement with the results of the tenth stage of the investigation.

230A.

52 8199

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 8199

1. NAME OF DECEASED (Type or Print) <i>Thomas B Vogt</i>			2. DATE OF DEATH <i>September 3, 1952</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>8-05</i>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>St Josephs Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>		
D. STREET ADDRESS (If rural, give location) <i>1832 N. Chester St.</i>			E. LENGTH OF STAY IN BALTIMORE <i>4199</i>		
5. SEX <i>M.</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>July 2 1884</i>		9. AGE (in years last birthday) Months: Days <i>68 2 1</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY <i>Barber</i>	11. BIRTHPLACE (State or foreign country) <i>New Stanton Penn</i>		12. CITIZEN OF WHAT COUNTRY? <i>U S C</i>
13. FATHER'S NAME <i>Christopher Vogt</i>			14. MOTHER'S MAIDEN NAME <i>Emma Jane Vogt</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>home</i>	17. INFORMANT <i>Marabel Vogt 1832 N. Chester St</i>		

18. *420.1*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Coronary Thrombosis*
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Arteriosclerosis C.V. Disease*
DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION *0*

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from *1933* to *9/3*, 19*52*, that I last saw the deceased alive on *8/28*, 19*52*, and that death occurred at *1:30 p.m.*, from the causes and on the date stated above.

23A. SIGNATURE *A. W. Weiss*23B. ADDRESS *1937 E North Ave*23C. DATE SIGNED *9/4/52*

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE *August 6, 1952*24C. NAME OF CEMETERY OR CREMATORY *Moreland Memorial Park*24D. LOCATION (City, town, or county) *Taylor Ave*

(State)

DATE RECEIVED BY LOCAL REGISTRAR *SEP 4 1952*REGISTRAR'S SIGNATURE *Huntington Williams, M.D.*25. FUNERAL DIRECTOR *Albert L. Villy*ADDRESS *4642 Belair Rd*

6212

512
52 8200

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 8200
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

George W. Simpson

2. DATE
OF
DEATH

8-31-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

618 W. Franklin St

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

Baltimore Md

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

C. CITY OR TOWN

(If outside corporate limits, write full name and give township)

D. STREET ADDRESS (If rural, give location)

618 W Franklin St

5. SEX

M

6. COLOR OR RACE

C

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

6-20-73

9. AGE (In years, last birthday)

79

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

truck driver (ret)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore Md

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

George Simpson

14. MOTHER'S MAIDEN NAME

Mary

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Joseph Johnson 618 W. Franklin

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A) atherosclerotic
cardiac disease

13 yrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/27/39, 19, to 8/31/52, that I last saw the deceased alive on 8/23/52, and that death occurred at 9 A. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

CERTIFICATE OF DEATH

1. Name of Deceased: [Illegible]
2. Date of Death: [Illegible]
3. Place of Death: [Illegible]
4. Cause of Death: [Illegible]
5. Age at Death: [Illegible]
6. Sex: [Illegible]
7. Race: [Illegible]
8. Marital Status: [Illegible]
9. Occupation: [Illegible]
10. Signature of Doctor: [Illegible]
11. Signature of Registrar: [Illegible]
12. Date of Registration: [Illegible]

565
52 8201

52 8201

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Florence Timmerman

2. DATE
OF
DEATH

Sept. 2, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Southern Home

2520 Greenmount Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2520 Greenmount Ave.

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Sept. 1 1868

9. AGE (in years
last birthday)

84

If Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Joseph E. Wood

14. MOTHER'S MAIDEN NAME

Margaret J. Airy

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
Mrs. Faulkner 2520 Greenmount Ave.

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Arteriosclerotic cardiovascular thrombotic
disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from December, 1951 to Sept 2, 1952, that I last saw the deceased alive on Sept 2, 1952, and that death occurred at 9:15 a. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

H. Z. Wollmeyer M.D.

M. D.

11 E. Chase Street

Sept. 3, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Sept. 5, 1952

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 4 1952

Huntington Williams, M.D.

John O. Mitchell & Sons 1900 Eutaw Place

Baltimore, Maryland

VS 150

Huntington Williams, M.D.

08198

STATE OF NEW YORK
CERTIFICATE OF DEATH

Name of Deceased		Date of Death	
Place of Birth		Date of Birth	
Sex		Race	
Marital Status		Cause of Death	
Occupation		Place of Death	
Signature of Physician		Signature of Registrar	
Date of Certificate		Place of Issuance	

360
52 8202

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 8202
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOHN A. ROEDER

2. DATE
OF
DEATH

9/2/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland *yes*

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

UNION MEMORIAL HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE *Maryland* B. COUNTY *Baltimore*

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore Rural 5200

D. STREET ADDRESS (If rural, give location)

RFD 10 Box 20 A, Balto. 19, Md

c. Length of stay in Baltimore

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

May 12, 1898

9. AGE (in years last birthday)

54

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

accountant

10B. KIND OF BUSINESS OR INDUSTRY

Dept. Store

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

John Roeder

14. MOTHER'S MAIDEN NAME

Carrie Nettinger

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

Mrs. Bernice Roeder

ADDRESS
RFD 10 Box 20 A Balto.

18. *592x*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Uremia*

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *chronic glomerulonephritis*

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from *Aug 29, 1952*, to *Sept 2, 1952*, that I last saw the deceased alive on *Sept 2, 1952*, and that death occurred at *10:00 p. m.*, from the causes and on the date stated above.

23A. SIGNATURE

Waverly S. Green, Jr.

M. D.

23B. ADDRESS

Union Memorial Hosp

23C. DATE SIGNED

8-2-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

burial

24B. DATE

9-5-52

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Cem.

24D. LOCATION (City, town, or county) (State)

Woodlawn, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

George A. Farley Catonsville, Md.

5083 ST

5083 ST



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 8203
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) George Harrison SR		2. DATE OF DEATH Sept. 2, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore, Md.		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Dorchester	
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Taylor's Island	
c. Length of stay in Baltimore 22 Days		D. STREET ADDRESS (If rural, give location) 5900	
5. SEX Male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Aug 15-1899
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired - TCG-SELF		10B. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME George P Harrison		14. MOTHER'S MAIDEN NAME Margaret Malone	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Mrs. Caroline M. Harrison - same		ADDRESS	

18. 581.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Massive Hematemesis DUE TO Ruptured esophageal varices	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Portal Hypertension DUE TO Portal Cirrhosis		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **8-12**, 19**52**, to **9-2**, 19**52**, that I last saw the deceased alive on **7-2**, 19**52**, and that death occurred at **8:50 Pm.**, from the causes and on the date stated above.

23A. SIGNATURE Virginia Hunter	23B. ADDRESS University Hospital	23C. DATE SIGNED 9-2-52
--	--	-----------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 9/6/52	24C. NAME OF CEMETERY OR CREMATORY New Cathedral	24D. LOCATION (City, town, or county) (State) Balto Md
DATE RECEIVED BY LOCAL REGISTRAR SEP 4 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR L. J. Luck	ADDRESS 5305 Hayford Rd

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

CAUSE OF DEATH

IMMEDIATE CAUSE

IMMEDIATE CAUSE

IMMEDIATE CAUSE

IMMEDIATE CAUSE

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IMMEDIATE CAUSE

IMMEDIATE CAUSE

300
52-8204BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 8204

1. NAME OF DECEASED (Type or Print) JAMES WILSON SCOTT		2. DATE OF DEATH September 2, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Provident Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 520 W. Conway Street		E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days	
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 30, 1905
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		10B. KIND OF BUSINESS OR INDUSTRY Genl.	
11. BIRTHPLACE (State or foreign country) Balt. Md.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Perry Wilson		14. MOTHER'S MAIDEN NAME Sadie Scott	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO. 219-07-457	
17. INFORMANT Phase Murphy		ADDRESS 746 W. Seache St.	
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary occlusion (A) SCOR Myocardial infarct (B) DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH	
19. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. HOW DID INJURY OCCUR?	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .			
23A. SIGNATURE William Williams		23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR.....	
23C. DATE SIGNED Sept. 2, 1952			
24A. BURIAL, CREMATION, REMOVAL (Specify) 10-5-52		24B. NAME OF CEMETERY OR CREMATORY Balt. Nat. Cemetery	
24C. LOCATION (City, town, or county) Balt.		24D. DATE RECEIVED BY LOCAL REGISTRAR SEP 4 1952	
REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR W.B. Spriggs	
ADDRESS 139 W. Hamlet St.			

25 2504

25 2504

52 8205

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) Leo A. Byrnes			2. DATE OF DEATH Sept. 4, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY _____		
B. FULL NAME OF (If not in hospital or institution, give street address or location) 1242 Glen Haven Rd.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-38		
C. Length of stay in Baltimore 32 Yrs. Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) 1242 Glen Haven Rd.		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 14, 1895	9. AGE (In years last birthday) 57	10. Under 1 Year Months: Days 10. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10B. KIND OF BUSINESS OR INDUSTRY Tobacco	11. BIRTHPLACE (State or foreign country) Wisconsin		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME James Byrnes			14. MOTHER'S MAIDEN NAME Alice Allen		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) unknown		16. SOCIAL SECURITY NO. unknown	17. INFORMANT ADDRESS Mrs Elizabeth Byrnes 1242 Glen Haven		

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CORONARY THROMBOSIS (A) _____ DUE TO _____	INTERVAL BETWEEN ONSET AND DEATH 8 1/2
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Coronary Arterio sclerosis (B) _____ DUE TO _____ Note: Pleas on arrival. (C) _____	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from _____, 19 35 , to 12.31 , 19 46 , that I last saw the deceased alive on 12.31 , 19 46 , and that death occurred at _____ m., from the causes and on the date stated above.		
23A. SIGNATURE John A. Moran	23B. ADDRESS 1014 St. Paul St	23C. DATE SIGNED 9.5.52

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 9/6/52	24C. NAME OF CEMETERY OR CREMATORY Moreland Memorial Cem	24D. LOCATION (City, town, or county) (State) Balto. Md.
DATE RECEIVED BY LOCAL REGISTRAR SEP 5 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR John A. Moran	ADDRESS 3000 E. Balto. St.

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1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 2679, 2680, 26

635
52 8206BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 8206

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Irene Martin

2. DATE
OF
DEATH

Sep. 2, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Cal 3

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

Md

Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

7001 Railway Ave

c. Length of stay in Baltimore

26 years

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Nov. 12, 1893

9. AGE (in years last birthday)

58

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife.

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Unknown

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

George Greene

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

None.

17. INFORMANT

JOHNS HOPKINS HOSPITAL

ADDRESS

18. 200.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

Lymphosarcoma - generalized 1 year

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/25, 1952, to 9/2, 1952, that I last saw the deceased alive on 9/2, 1952, and that death occurred at 7:30 A. M., from the causes and on the date stated above.

23A. SIGNATURE

Lawrence E. Shulman

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

Sept. 2, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Sept 6-52

24C. NAME OF CEMETERY OR CREMATORY

Sacred Heart of Mary

24D. LOCATION (City, town, or county) (State)

John A. Moran

DATE RECEIVED BY LOCAL REGISTRAR

SEP 5 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

3000 E. BACCHUS ST.

<p>1. Name of Applicant</p>		<p>2. Address of Applicant</p>	
<p>3. Name of Agent</p>		<p>4. Address of Agent</p>	
<p>5. Name of Land</p>		<p>6. Section, Township, Range</p>	
<p>7. Name of Survey</p>		<p>8. Date of Survey</p>	
<p>9. Name of Surveyor</p>		<p>10. Date of Survey</p>	
<p>11. Name of Surveyor</p>		<p>12. Date of Survey</p>	
<p>13. Name of Surveyor</p>		<p>14. Date of Survey</p>	
<p>15. Name of Surveyor</p>		<p>16. Date of Survey</p>	
<p>17. Name of Surveyor</p>		<p>18. Date of Survey</p>	
<p>19. Name of Surveyor</p>		<p>20. Date of Survey</p>	
<p>21. Name of Surveyor</p>		<p>22. Date of Survey</p>	
<p>23. Name of Surveyor</p>		<p>24. Date of Survey</p>	
<p>25. Name of Surveyor</p>		<p>26. Date of Survey</p>	
<p>27. Name of Surveyor</p>		<p>28. Date of Survey</p>	
<p>29. Name of Surveyor</p>		<p>30. Date of Survey</p>	
<p>31. Name of Surveyor</p>		<p>32. Date of Survey</p>	
<p>33. Name of Surveyor</p>		<p>34. Date of Survey</p>	
<p>35. Name of Surveyor</p>		<p>36. Date of Survey</p>	
<p>37. Name of Surveyor</p>		<p>38. Date of Survey</p>	
<p>39. Name of Surveyor</p>		<p>40. Date of Survey</p>	
<p>41. Name of Surveyor</p>		<p>42. Date of Survey</p>	
<p>43. Name of Surveyor</p>		<p>44. Date of Survey</p>	
<p>45. Name of Surveyor</p>		<p>46. Date of Survey</p>	
<p>47. Name of Surveyor</p>		<p>48. Date of Survey</p>	
<p>49. Name of Surveyor</p>		<p>50. Date of Survey</p>	
<p>51. Name of Surveyor</p>		<p>52. Date of Survey</p>	
<p>53. Name of Surveyor</p>		<p>54. Date of Survey</p>	
<p>55. Name of Surveyor</p>		<p>56. Date of Survey</p>	
<p>57. Name of Surveyor</p>		<p>58. Date of Survey</p>	
<p>59. Name of Surveyor</p>		<p>60. Date of Survey</p>	
<p>61. Name of Surveyor</p>		<p>62. Date of Survey</p>	
<p>63. Name of Surveyor</p>		<p>64. Date of Survey</p>	
<p>65. Name of Surveyor</p>		<p>66. Date of Survey</p>	
<p>67. Name of Surveyor</p>		<p>68. Date of Survey</p>	
<p>69. Name of Surveyor</p>		<p>70. Date of Survey</p>	
<p>71. Name of Surveyor</p>		<p>72. Date of Survey</p>	
<p>73. Name of Surveyor</p>		<p>74. Date of Survey</p>	
<p>75. Name of Surveyor</p>		<p>76. Date of Survey</p>	
<p>77. Name of Surveyor</p>		<p>78. Date of Survey</p>	
<p>79. Name of Surveyor</p>		<p>80. Date of Survey</p>	
<p>81. Name of Surveyor</p>		<p>82. Date of Survey</p>	
<p>83. Name of Surveyor</p>		<p>84. Date of Survey</p>	
<p>85. Name of Surveyor</p>		<p>86. Date of Survey</p>	
<p>87. Name of Surveyor</p>		<p>88. Date of Survey</p>	
<p>89. Name of Surveyor</p>		<p>90. Date of Survey</p>	
<p>91. Name of Surveyor</p>		<p>92. Date of Survey</p>	
<p>93. Name of Surveyor</p>		<p>94. Date of Survey</p>	
<p>95. Name of Surveyor</p>		<p>96. Date of Survey</p>	
<p>97. Name of Surveyor</p>		<p>98. Date of Survey</p>	
<p>99. Name of Surveyor</p>		<p>100. Date of Survey</p>	

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED

(Type or Print) (Floris) FLORA M. KENDRICK

2. DATE

OF DEATH September 4, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

St. Agnes Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

802 Primson Avenue

Length of stay in Baltimore

7yrs

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Jan. 17, 1926

9. AGE (In years

last birthday)

26

10. Under 1 Year

Months

Days

11. Under 24 Hours

Hours

Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

H.W.

10B. KIND OF BUSINESS OR INDUSTRY

Own Home

13. FATHER'S NAME

Wilford A. Sevigny

11. BIRTHPLACE (State or foreign country)

Mass.

12. CITIZEN OF WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Rena H. Witham

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mr. George J. Kendrick, 802 Primson A

18. E 812.4

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Skull fracture

~~XXXX~~ Subdural hemorrhage

Subarachnoid hemorrhage

(B) Contusion of brain

~~XXXX~~ Fractured pelvis

(C) Compound comminuted fractures of both tibia and fibula

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

Street

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

Wilkins Avenue and Primson Avenue

21D. TIME (Month) (Day) (Year) (Hour)

Sept. 3, 1952 10:30 P.m.

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Pedestrian struck by automobile

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....☒

23C. DATE SIGNED

M.D.

MEDICAL INVESTIGATOR.....☐

Sept. 4, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Sept. 8/52

24C. NAME OF CEMETERY OR CREMATORY

Loudon Pk.

24D. LOCATION (City, town, or county)

Baltimore 29, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

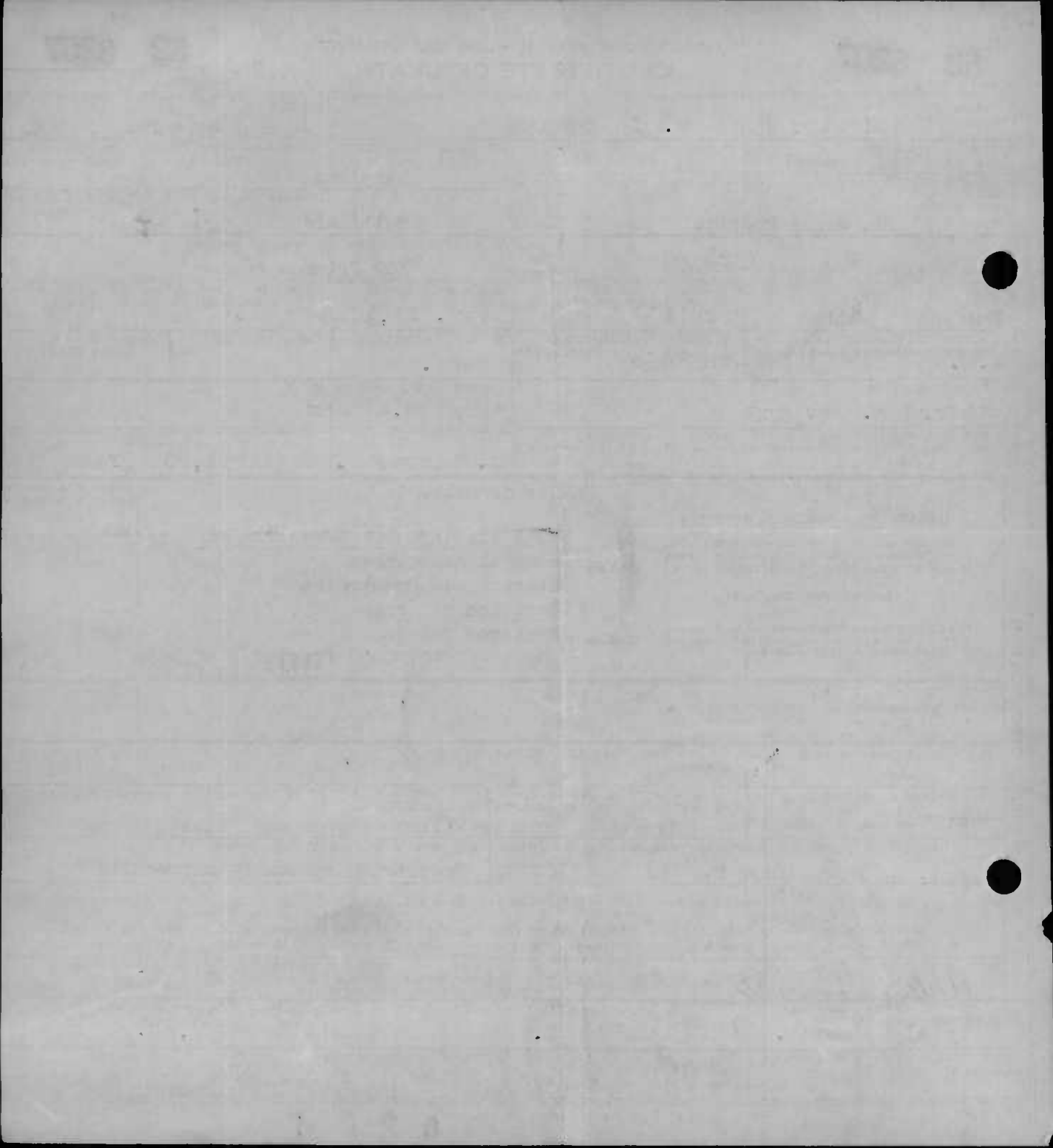
SEP 5 1952

Huntington Williams, M.D. 101 Edmondson Ave

VS 151

N 804.2

1 8 5 2 0 0 0 8 2 0 4



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 8208
Registered No. _____

BIRTH NO. 52 8208

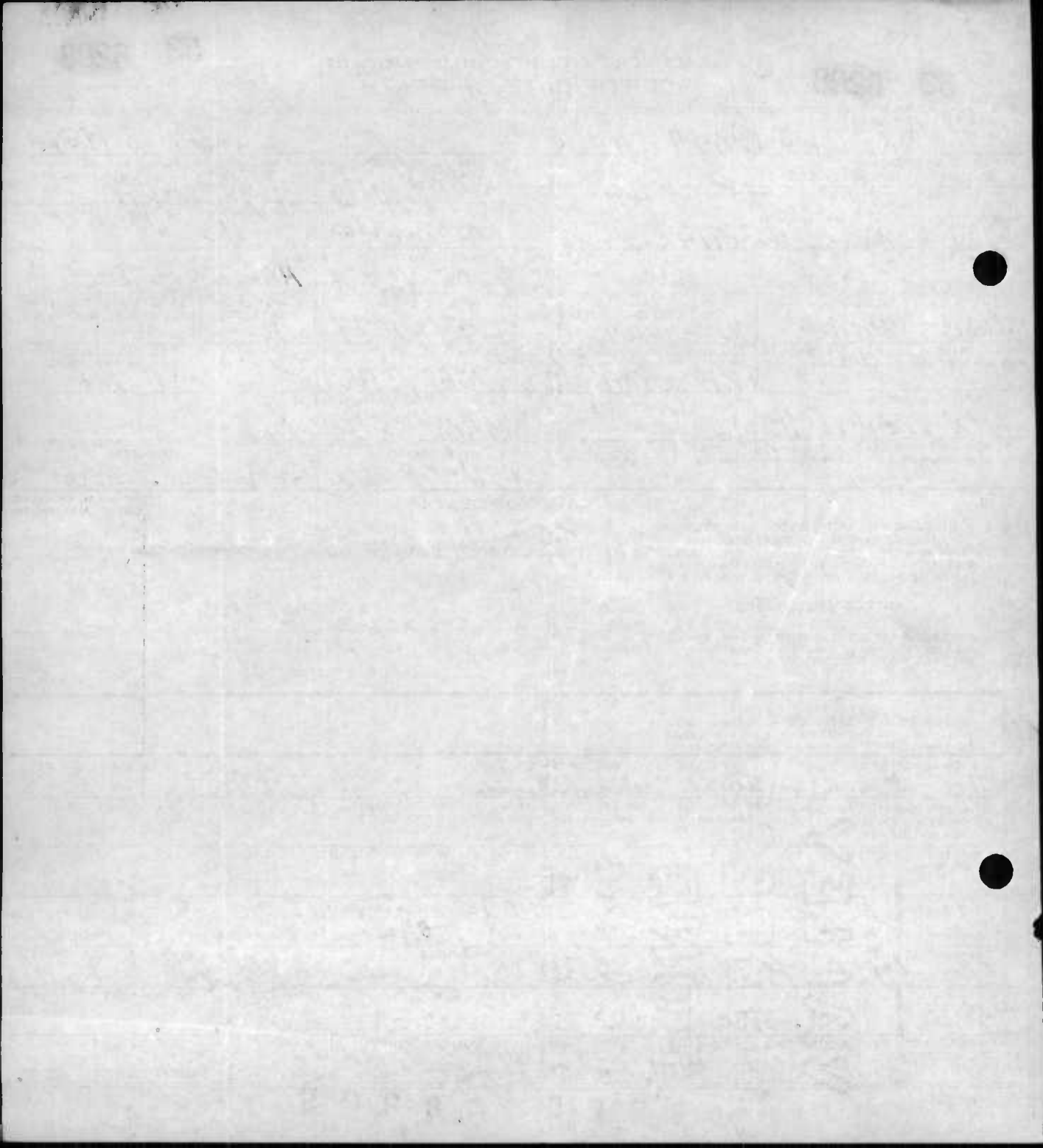
1. NAME OF DECEASED (Type or Print) MR. JOHN FRANCIS HOCK			2. DATE OF DEATH SEPT. 3 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY BALTIMORE C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 12-01 D. STREET ADDRESS (If rural, give location) 4205 NORTH CHARLES STREET		
B. FULL NAME OF HOSPITAL OR INSTITUTION UNION MEMORIAL HOSPITAL			Yrs. _____ Mos. _____ Days _____		
C. Length of stay in Baltimore Life			8. DATE OF BIRTH SEPT 19, 1877		
5. SEX MALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	9. AGE (In years last birthday) 74		If Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY J.F. HOCK PAPER CO.	11. BIRTHPLACE (State or foreign country) MARYLAND		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME JOHN FRANCIS HOCK			14. MOTHER'S MAIDEN NAME MARY (UNKNOWN)		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS HENRY F. HOCK (SON) 4205 N. Charles St		

18. 450.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH (A) Generalized arteriosclerosis DUE TO		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) _____ DUE TO		
		(C) _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				

19A. DATE OF OPERATION August 16, 1952		19B. MAJOR FINDINGS OF OPERATION Severe arteriosclerosis, rt lower extremity		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from AUG. 15, 1952 , to SEPT. 3, 1952 , that I last saw the deceased alive on SEPT. 3, 1952 , and that death occurred at 9:03 A.M. , from the causes and on the date stated above.					
23A. SIGNATURE Wendell C. Kirkpatrick		23B. ADDRESS Union Memorial Hospital		23C. DATE SIGNED Sept. 3, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Sept. 6/52		24C. NAME OF CEMETERY OR CREMATORY Druid Ridge Cemetery	
				24D. LOCATION (City, town, or county) (State) Pikesville, Md.	
DATE RECEIVED BY LOCAL REGISTRAR SEP 5 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS 4101 Edmondson Ave.	

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1952 04 J 0 8 2 0 5

MEDICAL CERTIFICATION



(2) M. 200
52 8209

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 8209
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) George Edward Muse			2. DATE OF DEATH Sept. 2/52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Ma. B. COUNTY		
5. FULL NAME OF (If not in hospital or institution, give street address or location) South Baltimore General Hosp.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 16-08		
6. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 3528 Edmondson Ave.		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 14, 1889		9. AGE (In years last birthday) 63
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Real Estate Broker			11. BIRTHPLACE (State or foreign country) Balto. Md.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME John Albert Muse			14. MOTHER'S MAIDEN NAME Barbara Michael		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 220 18 5436	17. INFORMANT ADDRESS Mrs. Helen R. Muse, 3528 Edmondson		

18. 420.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Pericarditis CAUSE OF DEATH (A) Pericarditis DUE TO	INTERVAL BETWEEN ONSET AND DEATH months
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) Arteriosclerosis heart disease DUE TO	years
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Generalized scleroderma	years

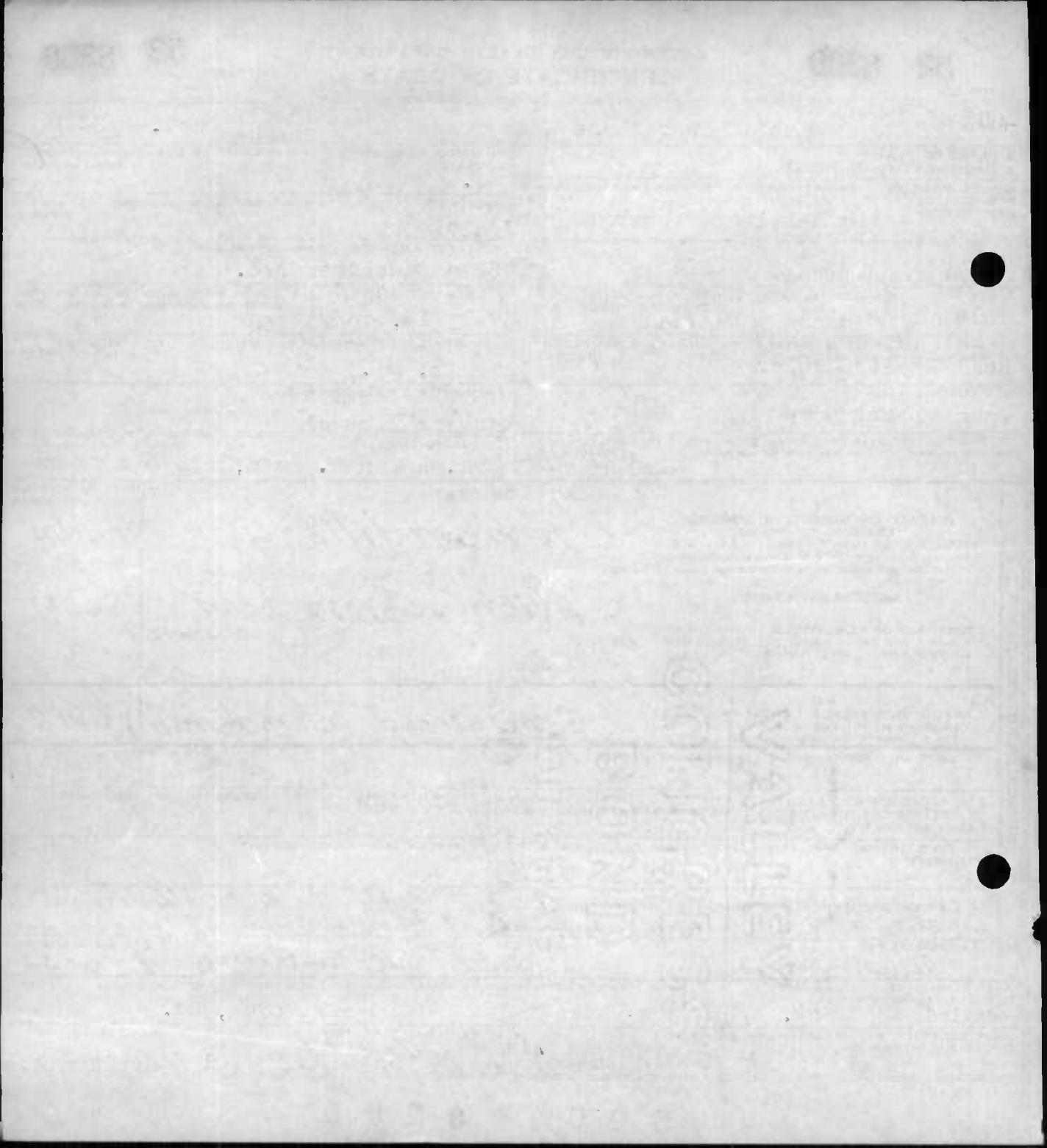
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **9-2-** 19**52** to **9-2-** 19**52** that I last saw the deceased alive on **9-2-** 19**52** and that death occurred at **8:49** p.m., from the causes and on the date stated above.

23A. SIGNATURE W. B. Conway	23B. ADDRESS M. D. South Balto. Genl Hosp	23C. DATE SIGNED 9-2-52
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Sept. 6/52	24C. NAME OF CEMETERY OR CREMATORY New Cathedral	24D. LOCATION (City, town, or county) (State) Baltimore, Md.
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DATE RECEIVED BY LOCAL REGISTRAR SEP 5 1952	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR Harry H. Witzke	ADDRESS 4101 Edmondson Ave
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(2) 52 8210
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 8210
Registered No.

1. NAME OF DECEASED (Type or Print) MILDRED E. REGAN			2. DATE OF DEATH September 1, 1952		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Maryland b. COUNTY Baltimore		
b. FULL NAME OF HOSPITAL OR INSTITUTION St. Agnes Hospital			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
length of stay in Baltimore 4 yrs			d. STREET ADDRESS (If rural, give location) 802 Primson Avenue		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED	8. DATE OF BIRTH 3-24-1913	9. AGE (In years last birthday) 39	10. UNDER 1 Year Months: Days: 11. UNDER 24 (Hours) Hours: Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Accounting Dept.			10b. KIND OF BUSINESS OR INDUSTRY Calvert Distillery		
11. BIRTHPLACE (State or foreign country) N.Y.			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Oscar R. English			14. MOTHER'S MAIDEN NAME Sadie Moore		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. 217 22 0615		
17. INFORMANT Carlton R. English			ADDRESS 4009 Edgewood Rd		

18. **E 812.4** CAUSE OF DEATH **Buffalo, New York** INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Skull fracture**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Compound fracture of left tibia and fibula**

(C) **Multiple contusions and abrasions**

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☒

21a. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Street	21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Wilkins and Primson Avenues
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY Sept. 1, 1952 11:00 P.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Pedestrian struck by automobile

22. I certify that I took charge of the remains described above, held an **Inspection & Inquiry** thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23a. SIGNATURE **William H. Williams** 23b. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☒ M.D. 23c. DATE SIGNED **Sept. 2, 1952**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **Sept. 5/52** 24c. NAME OF CEMETERY OR CREMATORY **New Cathedral** 24d. LOCATION (City, town, or county) (State) **Baltimore, Md.**

DATE RECEIVED BY LOCAL REGISTRAR **SEP 5 1952** REGISTRAR'S SIGNATURE **Huntington Williams** 25. FUNERAL DIRECTOR **Harry H. Witzke** ADDRESS **4101 Edmondson Ave.**

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52 8211BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 8211
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Walter J. Collins</i>			2. DATE OF DEATH <i>Sept 3-1952</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY		
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>3000 Darby St</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i> <i>13-05</i>		
6. Length of stay in Baltimore <i>Life</i>			D. STREET ADDRESS (If rural, give location) <i>3000 Darby St.</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Dec 8-1888</i>		9. AGE (In years last birthday) <i>70</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired Father</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>House building</i>	11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <i>Phillip Collins</i>			14. MOTHER'S MAIDEN NAME <i>Mary E. Enson</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>216-10-5594</i>	17. INFORMANT ADDRESS <i>Mrs Edna J. Collins 3000 Darby St</i>		

18. <i>422.2</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) <i>Acute Cardiac failure</i> DUE TO (B) <i>Chronic myocarditis</i> DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH <i>30 min.</i> <i>?</i>
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19A. DATE OF OPERATION <i>0</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <i>3/24</i> , 19 <i>50</i> to <i>9-3</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>9-3</i> , 19 <i>52</i> , and that death occurred at <i>4:45</i> p.m., from the causes and on the date stated above.		
23A. SIGNATURE <i>Benjamin Hoffman</i>	23B. ADDRESS <i>846 W. 36th St.</i>	23C. DATE SIGNED <i>9-4-52</i>

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Funeral</i>	24B. DATE <i>Sept 6-1952</i>	24C. NAME OF CEMETERY OR CREMATORY <i>St. Marys (Hampton)</i>	24D. LOCATION (City, town, or county) (State) <i>Baltimore Md</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>SEP 5 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	25. FUNERAL DIRECTOR <i>Frank H. Seitz</i>	ADDRESS <i>814 N 36th St</i>

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STATE OF TEXAS

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. **52 8212**

52 8212
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Mrs Sarah Berlin</i>		2. DATE OF DEATH <i>9-4-52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE Where deceased lived. If institution: residence before admission A. STATE <i>Md</i> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Levindale</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 27-17</i>	
C. Length of stay in Baltimore <i>40</i> Yrs. Mon. Days		D. STREET ADDRESS (If rural, give location) <i>Levindale</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>7-8</i>
9. AGE (in years) <i>78</i> If Under 1 Year Months: Days If Under 24 Hours Hours: Min.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>House wife</i>	
10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Russia</i>	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME <i>Not known</i>	
14. MOTHER'S MAIDEN NAME <i>Not known</i>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>Raphael Mendelsohn</i>	

18. <i>332X and 260X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) <i>Cerebral Thrombosis</i> DUE TO (B) <i>Arteriosclerosis</i> OR TO (C) <i>Diabetes mellitus</i>	INTERVAL BETWEEN ONSET AND DEATH <i>3 weeks</i> <i>years</i>
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19A. DATE OF OPERATION <i>0</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *7-16*, 19*52*, to *9-4*, 19*52*, that I last saw the deceased alive on *9-4*, 19*52*, and that death occurred at *2:55 p.m.*, from the causes and on the date stated above.

23A. SIGNATURE <i>Jerome J. Blumbers</i>	23B. ADDRESS <i>Levindale Home</i>	23C. DATE SIGNED <i>9-4-52</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>9-5-52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Mt Carmel</i>
24D. LOCATION (City, town, or county) <i>Balto</i>		(State) <i>Md</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>SEP 5 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>Jack Lewis</i> ADDRESS <i>2100 Certan Pl</i>

VS 150

MEDICAL CERTIFICATION

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52 8213
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 8213
Registered No.

1. NAME OF DECEASED (Type or Print) ISAIORE VIOLA		2. DATE OF DEATH 9-4-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 2117 Demson St		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 15-38	
D. Length of stay in Baltimore 13 Yrs. Mos. Days		E. STREET ADDRESS (If rural, give location) 3313 Forest Park Ave	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 68
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housekeeper		10B. KIND OF BUSINESS OR INDUSTRY Jewelry	
11. BIRTHPLACE (State or foreign country) Austria		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Not known		14. MOTHER'S MAIDEN NAME Not known	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT Greeta Viola - same		ADDRESS	

18. 151X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma of Stomach	CAUSE OF DEATH Carcinoma of Stomach	INTERVAL BETWEEN ONSET AND DEATH 2
I ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (A) _____ (B) _____ (C) _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION June 25, 1952	19B. MAJOR FINDINGS OF OPERATION Inoperable Carcinoma of Stomach	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from May 29, 1952 to 9-4-1952 that I last saw the deceased alive on 9-3-1952 and that death occurred at 4-4 m., from the causes and on the date stated above.		
23A. SIGNATURE A. G. Morrison M. O.	23B. ADDRESS 1109 N. Calvert St	23C. DATE SIGNED 9-4-52

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 9/5/1952	24C. NAME OF CEMETERY OR CREMATORY Gandallstown	24D. LOCATION (City, town, or county) (State) Baltimore Md
DATE RECEIVED BY LOCAL REGISTRAR SEP 5 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Paul Lewis Inc - 2100 Eutan Pl	ADDRESS

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1952-08210

MEDICAL CERTIFICATION

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52 8214

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 8214

1. NAME OF DECEASED (Type or Print) <i>Katie Levin</i>		2. DATE OF DEATH <i>9/4/52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MD</i> B. COUNTY <i>9-03</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>422 Sinai Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
D. STREET ADDRESS (If rural, give location) <i>645 McKewin Ave</i>		E. LENGTH OF STAY IN BALTIMORE <i>46</i> Yrs. <i>Most Days</i>	
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>M</i>	8. DATE OF BIRTH <i>?</i>
9. AGE (In years last birthday) <i>59</i>		10. UNDER 1 Year Months: Days	11. UNDER 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <i>Russia</i>		12. CITIZEN OF WHAT COUNTRY? <i>us</i>	
13. FATHER'S NAME <i>Israel Federman</i>		14. MOTHER'S MAIDEN NAME <i>Mina</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Elo Levine</i>		ADDRESS <i>Danue</i>	
18. <i>420.0</i> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Myocardial Infarction</i> DUE TO (A) <i>Coronary Thrombosis</i> (B) <i>Arteriosclerotic Heart Dis</i> (C) <i>Shock and Pulmonary Edema</i>		INTERVAL BETWEEN ONSET AND DEATH	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDER- Lying <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>9/4, 1952</i> to <i>9/4, 1952</i> , that I last saw the deceased alive on <i>9/4, 1952</i> and that death occurred at <i>4:15 am.</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>Wm Miller</i> M. D.		23B. ADDRESS <i>Sinai Hospital</i>	
23C. DATE SIGNED <i>9/4/52</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>9-5-52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Rosedale</i>	24D. LOCATION (City, town, or county) (State) <i>Balto Md</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>SEP 5 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	
25. FUNERAL DIRECTOR <i>Jack Lewerke</i>		ADDRESS <i>2100 Canton Pl</i>	

12520008211

1952

13

RIGHT CASE OF DEATH

1952

[Faint, mostly illegible text, likely bleed-through from the reverse side of the page. Some words like "DEATH" and "CASE" are visible.]

620
52 8215
151974

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 8215
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) Pink Brooks		2. DATE OF DEATH Sept. 1, 1952	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Md. b. COUNTY			
b. FULL NAME OF (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Avenue		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 19-02			
c. Length of stay in Baltimore 10 months		d. STREET ADDRESS (If rural, give location) 237 N. Fulton Avenue-23			
5. SEX Male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 1 1 1	9. AGE (In years last birthday) 65 1	10. Under 1 Year Months: Days: Hours: Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) N. C.	
13. FATHER'S NAME John Brooks		14. MOTHER'S MAIDEN NAME Florence Cox			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) —		16. SOCIAL SECURITY NO.		17. INFORMANT Records: B. C. H. 4940 Eastern Avenue	

18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Vascular Accident DUE TO Hypertensive Cardio vascular disease DUE TO		INTERVAL BETWEEN ONSET AND DEATH 1 yr. 3 yrs.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 9-5-51 , 19 51 , to 9-1 , 52 , that I last saw the deceased alive on 9-1 , 19 52 , and that death occurred 5:25P m., from the causes and on the date stated above.					
23a. SIGNATURE [Signature]		23b. ADDRESS 4940 Eastern Avenue		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept. 5-1952		24c. NAME OF CEMETERY OR CREMATORY Old Brooks Cemetery	
24d. LOCATION (City, town, or county) (State) N. C.		25. FUNERAL DIRECTOR Robert T. Williams		ADDRESS 1515 N. Eldred St.	

RECEIVED BY THE DIRECTOR OF THE
BUREAU OF THE ARMY

TO: DIRECTOR

FROM: [illegible]

DATE: [illegible]

FILE NO: [illegible]

1. [illegible]

2. [illegible]

3. [illegible]

4. [illegible]

5. [illegible]

6. [illegible]

7. [illegible]

8. [illegible]

9. [illegible]

10. [illegible]

11. [illegible]

52 8216

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 8216
Registered No. 128833

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Harry James Mahoney

2. DATE
OF
DEATH

Sept. 3, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

USPHS Hospital
Wyman Park Drive and 31st St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1507 Ensor Street

C. Length of stay in Baltimore

?

50

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

June 1, 1897

9. AGE (In years last birthday)

55 33

If Under 1 Year

Months: Days

3 2

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Elevator dispatcher

10B. KIND OF BUSINESS OR INDUSTRY

Munsey Bldg-Balto.

11. BIRTHPLACE (State or foreign country)

Washington, DC

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

James Mahoney

14. MOTHER'S MAIDEN NAME

Mary Ellison

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

Yes

WW I - USA

16. SOCIAL SECURITY NO.

216-05-8253

17. INFORMANT

ADDRESS

Records, USPHS Hospital, Baltimore, Md.

18. 163X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cancer, right lung, with metastases

6 mos.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Pneumonia with effusion, left lung

Unknown

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 8/27/52, 19__, to 9/3/52, 19__, that I last saw the deceased alive on 8/3/52, 19__, and that death occurred at 8:35 a.m., from the causes and on the date stated above.

23A. SIGNATURE J.A. Hunter, Clinical Director

23B. ADDRESS M. D. USPHS Hospital, Baltimore, Md.

23C. DATE SIGNED 9/3/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

TOMS
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Thelma Tomo

2. DATE
OF
DEATH

Sept 4, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION *Johns Hopkins Hospital*

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE *Md.* B. COUNTY *Baltimore*

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)
Rosewood Elementary School

c. Length of stay in Baltimore

5. SEX *Female* 6. COLOR OR RACE *White* 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) *Single*

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
None

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Therman Tomo

14. MOTHER'S MAIDEN NAME

Lula Brubaker

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Johns Hopkins Hospital

18. *237X* I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH
Intracerebral hemorrhage
ventricular dilatation

INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Possible brain tumor*

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Sclerosis left temporal lobe

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

Right temporal intracerebral hemorrhage

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *8-29-*, 19*52* to *9-4-*, 19*52*, that I last saw the deceased alive on *9-4-*, 19*52* and that death occurred at *11:05 a.m.*, from the causes and on the date stated above.

23A. SIGNATURE

Johns Brance

23B. ADDRESS

Johns Hopkins Hospital

23C. DATE SIGNED

5 Sept 52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

Sept. 7, 1952

Lutheran Cem.

Middletown, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Huntington Williams, MD

Gladhill Co.

246.

52 8218

SCHISLER
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 8218
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <u>Marie Schisler</u>		2. DATE OF DEATH <u>9-4-52</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>Baltimore</u>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <u>48 Maryland General Hosp.</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u> <u>9-05</u>	
C. Length of stay in Baltimore <u>43</u>		D. STREET ADDRESS (If rural, give location) <u>1309 Gorsuch Ave.</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>March 6, 1909</u> <u>43</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	
13. FATHER'S NAME <u>Harry Roberts</u>		14. MOTHER'S MAIDEN NAME <u>May E. Wilson</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>Unknown</u>		16. SOCIAL SECURITY NO.	
17. INFORMANT <u>Mr. E. Jordan</u>		ADDRESS <u>Unknown</u>	

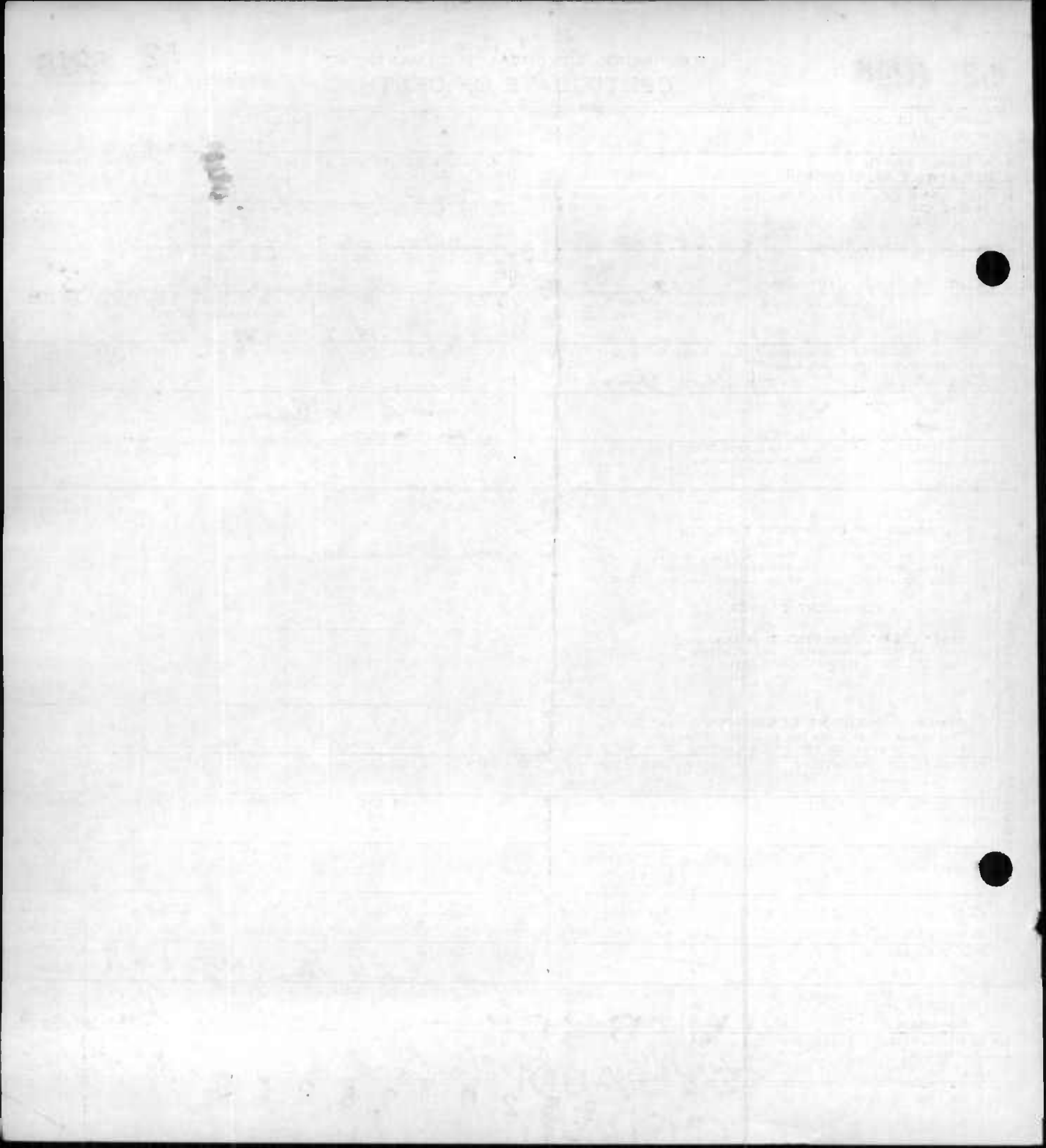
18. <u>420.1</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.) (A) <u>Coronary occlusion</u> DUE TO ANTECEDENT CAUSES (B) _____ DUE TO (C) _____ OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	INTERVAL BETWEEN ONSET AND DEATH
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19A. DATE OF OPERATION <u>9-2-52</u>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) _____	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY _____	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 9-2-52, 1952, to 9-4, 1952, that I last saw the deceased alive on 9-3, 1952, and that death occurred at 1:40 m., from the causes and on the date stated above.

23A. SIGNATURE <u>G. E. Bryant</u>	23B. ADDRESS <u>Maryland Gen. Hosp.</u>	23C. DATE SIGNED <u>9/4/52</u>
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24B. DATE <u>9/8/52</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Lorraine Cemetery</u>
24D. LOCATION (City, town, or county) <u>Woodlawn, Maryland</u>		24E. STATE <u>Md.</u>
DATE RECEIVED BY LOCAL REGISTRAR <u>SEP 5 1952</u>	REGISTRAR'S SIGNATURE <u>Huntington Williams, M.D.</u>	25. FUNERAL DIRECTOR <u>Wm. Cook, Inc.</u>
		ADDRESS <u>1717 St. Paul St</u>

1 9 5 2 0 0 0 8 2 1 8



25
52 8219BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 8219

BIRTH NO.

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
MARY JONES HOPKINS		Sept. 3, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Maryland	
B. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) Johns Hopkins Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 6-04	
D. STREET ADDRESS (If rural, give location) 2042 E. Baltimore St.			
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH Oct. 30, 1896
9. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Seamstress		10. KIND OF BUSINESS OR INDUSTRY Clothing (m)	9. AGE (In years last birthday) 55
11. BIRTHPLACE (State or foreign country) North Carolina		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Louis Gautier		14. MOTHER'S MAIDEN NAME Ida M. Dixon	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Mrs. Jos. Shanahan, 322 S. Clinton St.		ADDRESS	

18. 760X and E 903.0
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

(A) Diabetic acidosis

DUE TO

ANTECEDENT CAUSES

(B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Multiple fractures of ribs and hemothorax

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input checked="" type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) home		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 2042 E. Baltimore St. 614	
21D. TIME (Month) (Day) (Year) (Hour) August 29, 1952		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Apparently fell to floor in apartment	

22. I certify that I took charge of the remains described above, held an autopsy thercon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE R. R. Kish		23B. CHIEF MEDICAL EXAMINER..... M.D. ASSISTANT MEDICAL EXAMINER.....		23C. DATE SIGNED Sept. 3, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 9/5/52		24C. NAME OF CEMETERY OR CREMATORY Baltimore Cemetery	
24D. LOCATION (City, town, or county) Baltimore, Maryland		24E. FUNERAL DIRECTOR Wm. Cook, Inc.		24F. ADDRESS 1217 St. Paul Street	

V S 151

N-807.0 0 1 9 5 2 13 90 166 2 1 6

1. The first part of the report is a general statement of the work done during the year.

2. The second part is a detailed account of the work done in each of the various departments.

3. The third part is a summary of the results of the work done during the year.

4. The fourth part is a statement of the financial position of the institution.

5. The fifth part is a statement of the work done by the various committees and boards.

6. The sixth part is a statement of the work done by the various departments.

7. The seventh part is a statement of the work done by the various departments.

8. The eighth part is a statement of the work done by the various departments.

9. The ninth part is a statement of the work done by the various departments.

10. The tenth part is a statement of the work done by the various departments.

11. The eleventh part is a statement of the work done by the various departments.

12. The twelfth part is a statement of the work done by the various departments.

13. The thirteenth part is a statement of the work done by the various departments.

14. The fourteenth part is a statement of the work done by the various departments.

15. The fifteenth part is a statement of the work done by the various departments.

16. The sixteenth part is a statement of the work done by the various departments.

17. The seventeenth part is a statement of the work done by the various departments.

18. The eighteenth part is a statement of the work done by the various departments.

19. The nineteenth part is a statement of the work done by the various departments.

20. The twentieth part is a statement of the work done by the various departments.

21. The twenty-first part is a statement of the work done by the various departments.

22. The twenty-second part is a statement of the work done by the various departments.

23. The twenty-third part is a statement of the work done by the various departments.

24. The twenty-fourth part is a statement of the work done by the various departments.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 8220
Registered No.52 8220
BIRTH NO.

1. NAME OF DECEASED (Type or Print) MARY A. TRACY		2. DATE OF DEATH September 4, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY X	
B. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) St. Joseph's Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 10-02	
D. STREET ADDRESS (If rural, give location) 937 Valley Street		E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Feb. 1877
9. AGE (In years last birthday) 75		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	11. BIRTHPLACE (State or foreign country) Baltimore, Maryland
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10B. KIND OF BUSINESS OR INDUSTRY own home	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME William C. Adam		14. MOTHER'S MAIDEN NAME Margaret E. Doyle	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Catherine Schaefer, 1207 E. Chase Street

18. **443X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) **Hypertensive arteriosclerotic cardiovascular disease**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
(C)
(D)
(E)
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(CJ)
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OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK OR NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

Sept. 4, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)
burial

24B. DATE

9/8/52

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cemetery

24D. LOCATION (City, town, or county)

Baltimore,

Maryland

DATE RECEIVED BY LOCAL REGISTRAR

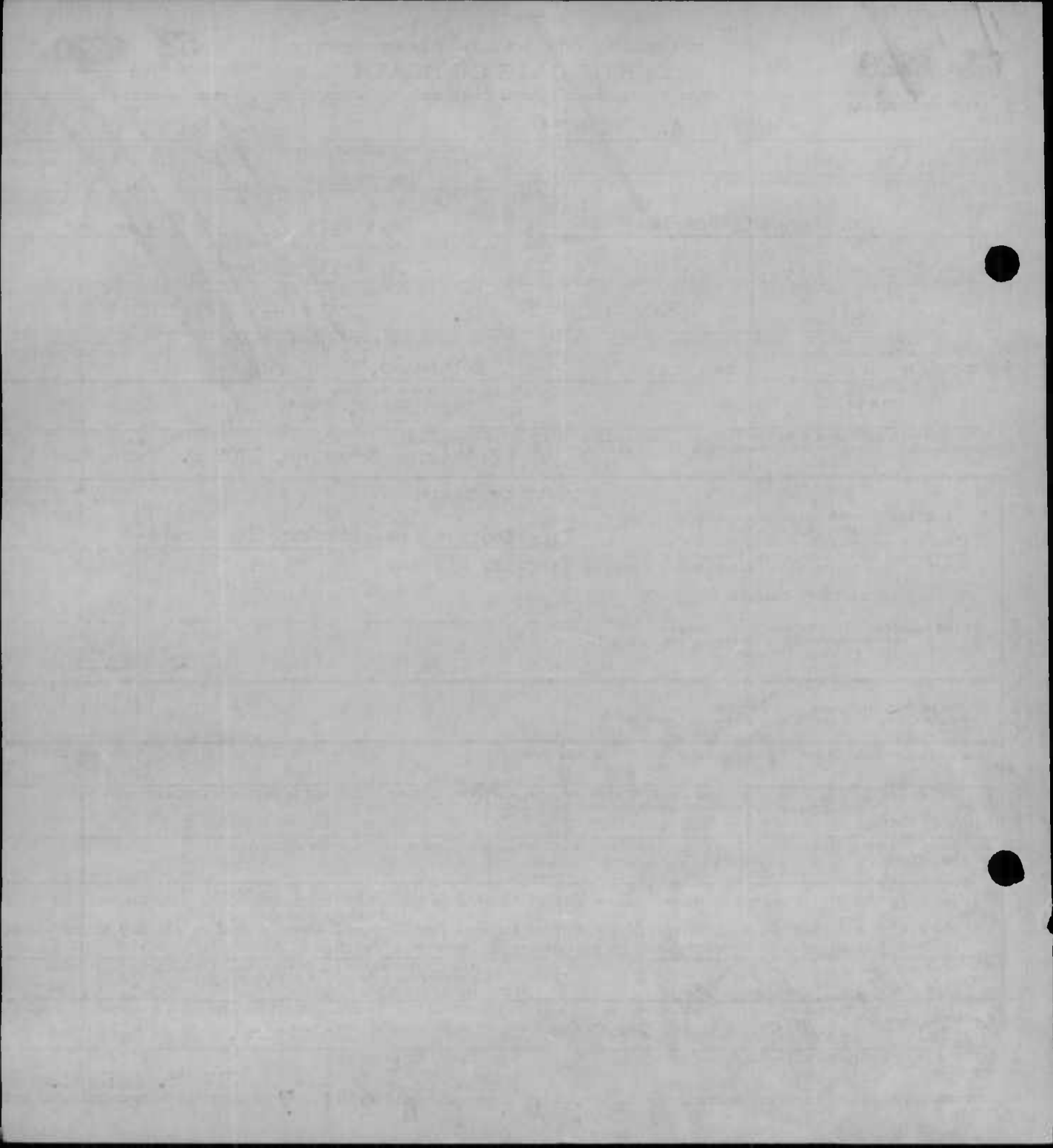
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Wm. Cook, Inc.

1217 St. Paul St.



520

52 8221

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 8221

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Vernon Young

2. DATE
OF
DEATH

Sept. 5, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

University Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
Md.

B. COUNTY

Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 27

5200

D. STREET ADDRESS (If rural, give location)

4773 Chapel Square

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Jan. 13, 1915

9. AGE (In years
last birthday)

37

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Lithographer

10B. KIND OF BUSINESS OR
INDUSTRY

Army Map Service

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Howard Young

14. MOTHER'S MAIDEN NAME

Harriet Smith

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

Wife

ADDRESS

Same

18. 193x

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Cerebral polar spongioblastoma 14 mo.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE, (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

Aug. 23, 1951

19B. MAJOR FINDINGS OF OPERATION

Brain tumor, right parietal region

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 2, 1952, to Sept. 5, 1952, that I last saw the
deceased alive on Sept. 4, 1952, and that death occurred at 2 A.M., from the causes and on the date stated above.

23A. SIGNATURE

C. E. Stennett

M. D.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

Sept. 5, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

B.

24B. DATE

7/8/52

24C. NAME OF CEMETERY OR CREMATORY

LONDON PK Cemetery

24D. LOCATION (City, town, or county)

Frederick Ave

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

SEP 5 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Geo H. Leimbach

ADDRESS

1525 N. Lyndhurst St

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 8222**

52 8222
BIRTH NO. **82-06727**

1. NAME OF DECEASED (Type or Print) SCLEDA WHITE			2. DATE OF DEATH 9/3/52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE MARYLAND B. COUNTY BALTIMORE		
B. FULL NAME OF (If not in hospital or institution, give street address or location) UNIVERSITY HOSPITAL			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 23-06		
Length of stay in Baltimore 5 Yrs. <input type="checkbox"/> Mos. <input checked="" type="checkbox"/> Days			D. STREET ADDRESS (If rural, give location) 915 LEADENHALL ST.		
5. SEX F	6. COLOR OR RACE NEGRO	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 3/19/52		9. AGE (In years, last birthday) 5 If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INFANT		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) MARYLAND		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME DAVID WHITE			14. MOTHER'S MAIDEN NAME LAURA DAVIS		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS DR. DEISHOR		

18. 571.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DIARRHEA		INTERVAL BETWEEN ONSET AND DEATH 8/31-9/3
(A) DUE TO		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CEREBRAL THROMBOSIS		
(B) DUE TO		
(C) DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. NONE		

19A. DATE OF OPERATION NONE		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) No Accident	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) No Injury		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 9/2 19 52 to 9/3 19 52 , that I last saw the deceased alive on 9/3 19 52 , and that death occurred at 11 P.m. , from the causes and on the date stated above.				
23A. SIGNATURE S.W. Deisher		23B. ADDRESS UNIVERSITY HOSPITAL		23C. DATE SIGNED 9/3/52

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 9/6/52	24C. NAME OF CEMETERY OR CREMATORY Mt Calvary Ct	24D. LOCATION (City, town, or county) (State) A. A. Co., Md
DATE RECEIVED BY LOCAL REGISTRAR SEP 5 1952	REGISTRAR'S SIGNATURE Huntington Williams, Jr.		25. FUNERAL DIRECTOR 108-W ADDRESS J. P. Brown & Son - Montgomery St

1 2 5 2 0 0 0 8 2 1 9

UNITED STATES DEPARTMENT OF HEALTH
CENTRO-CENTRE OF HEALTH

CAUSE OF DEATH

DATE OF DEATH
PLACE OF DEATH

AGE AT DEATH

SEX
MARRIAGE

EDUCATION
OCCUPATION

RELIGION
RACE

DATE OF BIRTH
PLACE OF BIRTH

DATE OF DEATH
PLACE OF DEATH

DATE OF DEATH
PLACE OF DEATH

DATE OF DEATH
PLACE OF DEATH

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 8223
Registered No.

435
52 8223 *non Res.*

1. NAME OF DECEASED (Type or Print) JAMES GOLDEN		2. DATE OF DEATH September 3, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Anne Arundel	
B. FULL NAME OF HOSPITAL OR INSTITUTION South Baltimore General Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 5200	
length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 213 Crestwell Road	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) S.	8. DATE OF BIRTH Dec 25 1946
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		9. AGE (In years last birthday) 5 If Under 1 Year Months Days If Under 24 Hours Hours Min.	
10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Anne Arundel Co.	
13. FATHER'S NAME Wm G Golden		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		14. MOTHER'S MAIDEN NAME Lillian Kuhl	
16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Wm G Golden 213 Crestwell Rd	

18. **E812.4**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) **Contusion of brain**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Comminuted fracture of right femur**

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

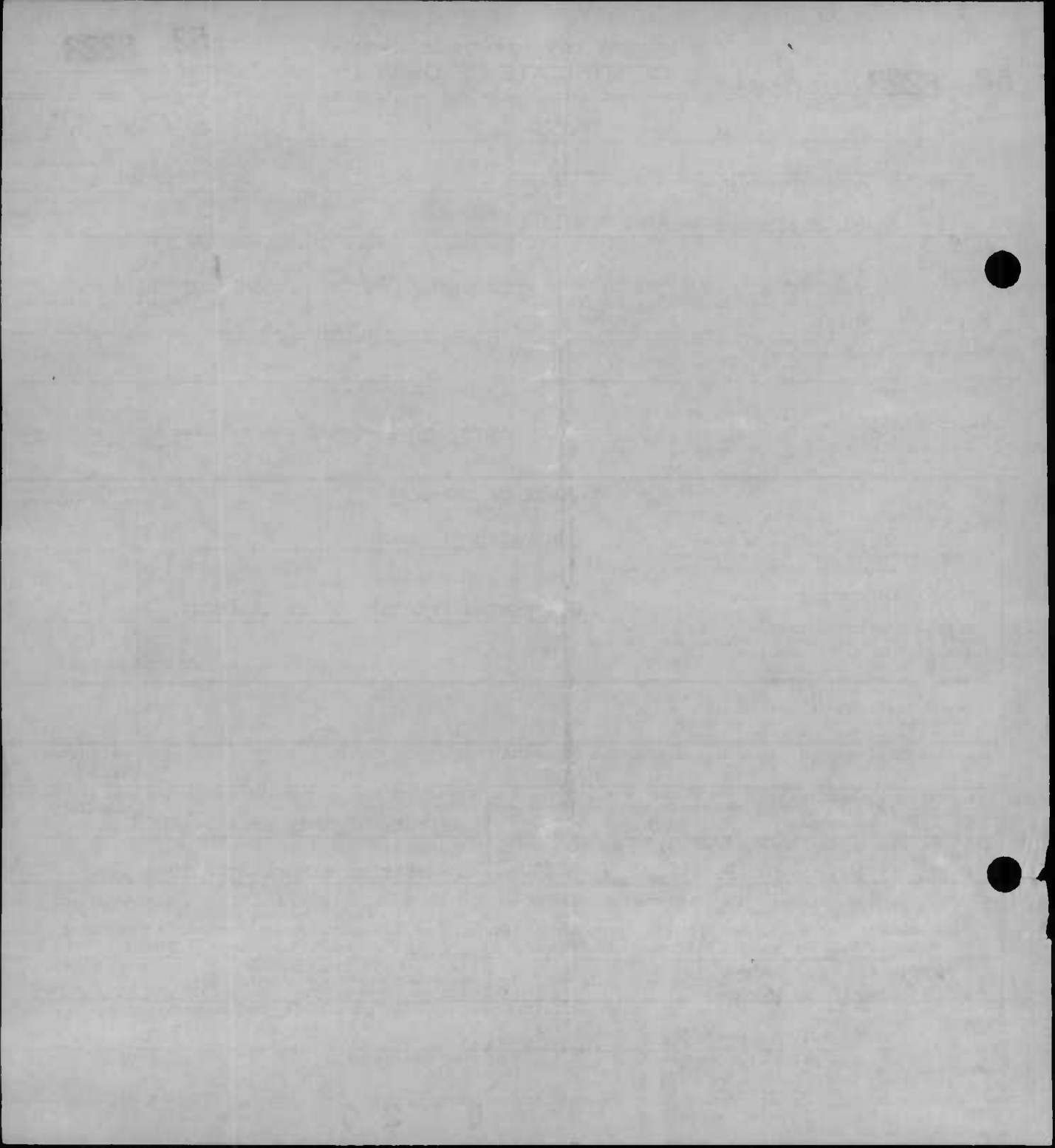
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Cemetery Ritchie Highway near Seven Hill 5200
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY Sept. 3, 1952 9:00 P. m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Pedestrian struck by automobile

22. I certify that I took charge of the remains described above, held an **Autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>William V. [Signature]</i>	23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR <input type="checkbox"/>	23C. DATE SIGNED Sept. 4, 1952
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Sept 18/52	24C. NAME OF CEMETERY OR CREMATORY Glen Haven	24D. LOCATION (City, town, or county) (State) Glenburn A A Co
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DATE RECEIVED BY LOCAL REGISTRAR SEP 5 1952	REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	25. FUNERAL DIRECTOR ADDRESS <i>William L. [Signature] 2000 [Address]</i>
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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 8224
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Bela Racz

2. DATE
OF
DEATH

9/4/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

University Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Md

Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Turner Station Dundalk

D. STREET ADDRESS (If rural, give location)

13 Central Ave 5353

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

May 29 1905

9. AGE (In years last birthday)

47

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

Belk Steel

11. BIRTHPLACE (State or foreign country)

Hungary

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Anton Racz

14. MOTHER'S MAIDEN NAME

Helen P

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs Rose Racz 13 Central Ave

18. *443X*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Cerebral Vascular Accident

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

*Hypertensive Cardiovascular Disease
& cardiomegaly and chronic failure*

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from *9/3* 1952 to *9/4* 1952 that I last saw the deceased alive on *9/4* 1952, and that death occurred at *4:25 PM*, from the causes and on the date stated above.

23A. SIGNATURE

Charles B Adams Jr

23B. ADDRESS

University Hospital

23C. DATE SIGNED

9/4/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

Sept 8/52

Oak Lane

Bills Co

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 5 1952

Huntington Williams, M.D.

Walter J Horn 2112 Dundalk Ave

250
52 8225

52 8225

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

WASSIN, JOHN A.

2. DATE
OF
DEATH

4 SEPT. '52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)36
FRANKLIN SQ. HOSPITAL

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND, BALTIMORE

C. CITY OR TOWN

(If outside corporate limits, write RURAL and Township)

BALTIMORE, MD 21206

D. STREET ADDRESS (If rural, give location)

4418 WOODLEY AVE

C. Length of stay in Baltimore

LIFE

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

3 SEPT. 1909

9. AGE (In years
last birthday)

42

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

LITHOGRAPHER

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

MARY SARREN

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Catherine Wasson

Woodlea Ave

18. 410X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) BRONCHOPNEUMONIA

1 WK

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) AORTIC AND MITRAL INSUFFICIENCY 14 YRS

DUE TO

(C) RHEUMATIC HEART DISEASE 5 YRS

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH

NO

21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

NO

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

NO

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

NO

21E. INJURY OCCURRED

WHILE AT WORK ☒ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

NO

22. I hereby certify that I attended the deceased from 4 SEPT, 1952, to 4 SEPT, 1952, that I last saw the
deceased alive on 4 SEPT, 1952, and that death occurred at 6 AM, from the causes and on the date stated above.

23A. SIGNATURE

Lea. W. Dane, M.D.

23B. ADDRESS

60 FRANKLIN SQ HOSP.

23C. DATE SIGNED

4 Sept '52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Sept 8/52

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Wells & Home 2004 Calver

SEP 5 1952

VS 150

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1953

51

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 8226**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

LAURA AGNES BRANDENBURG

2. DATE
OF
DEATH

Sept. 4, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

3608 Loch Raven Blvd.

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

3608 Loch Raven Blvd.

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Aug. 29, 1865

9. AGE (In years last birthday)

87

If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Carroll Co., Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Basil Chaney

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

no

17. INFORMANT

ADDRESS

Blvd Mr. LeRoy W. Brandenburg-3608 Loch Raven

18. **420.1**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **coronary thrombosis**

DUE TO

10 minute

about

10 years

ANTECEDENT CAUSES

(B) **cardio vascular disease**

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH **no accident**

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☒ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from since **1942**, to **Sept 4, 1952** that I last saw the deceased alive on **July 1, 1952**, and that death occurred at **9:15 AM** from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

2220 Garrison Blvd.

Sept 5, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

9/6/52

24C. NAME OF CEMETERY OR CREMATORY

Morgan Chapel Cem.

24D. LOCATION (City, town, or county)

Woodbine, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 5 1952

Huntington Williams, M.D.

Stm. J. Vickner & Sons

VS 150

195208223

Barto. 17, Md.

DEPARTMENT OF HEALTH
 CERTIFICATE OF DEATH

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 8228

BIRTH NO.

REA-154728

1. NAME OF DECEASED
(Type or Print)

Bernadette Corintha Jones

2. DATE
OF DEATH

Sept. 3, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTIONBaltimore City Hospitals
4940 Eastern Avenue

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. Maryland

B. COUNTY

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

1312 Harlom Avenue-17

5. SEX

Female

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

June 28, 1946

9. AGE (In years, last birthday)

6

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Herman Armstrong

14. MOTHER'S MAIDEN NAME

Doris Regina Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Records: B. C. H. 4940 Eastern Avenue

18. 010X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Tubercular Meningitis

1 1/2 years

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID INJURY OCCUR?
(If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-12, 1951, to 9-3, 1952, that I last saw the deceased alive on 9-3, 1952, and that death occurred at 4:20A m., from the causes and on the date stated above.

23A. SIGNATURE

G. D. Jones

23B. ADDRESS

4940 Eastern Avenue

23C. DATE SIGNED
Sept. 4, 195224A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

9/6/52

24C. NAME OF CEMETERY OR CREMATORY

Arbutus

24D. LOCATION (City, town, or county)

Arbutus, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Geo. G. Kelson 1303 Presstman St.

TO : DIRECTOR, FBI (100-371101)

FROM : SAC, NEW YORK (100-100000)

SUBJECT: [Illegible]

RE: [Illegible]

1. [Illegible]

2. [Illegible]

3. [Illegible]

4. [Illegible]

5. [Illegible]

6. [Illegible]

7. [Illegible]

8. [Illegible]

9. [Illegible]

10. [Illegible]

11. [Illegible]

12. [Illegible]

13. [Illegible]

14. [Illegible]

15. [Illegible]

16. [Illegible]

17. [Illegible]

18. [Illegible]

19. [Illegible]

20. [Illegible]

21. [Illegible]

22. [Illegible]

23. [Illegible]

24. [Illegible]

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 8229**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

RAY DRUMMOND

2. DATE OF DEATH **September 2, 1952**

3. PLACE OF DEATH:

A. Baltimore City, Maryland **Balto. City**

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

University Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE **Maryland**

C. CITY OR TOWN (If outside corporate limits, write full name of township)

Baltimore

D. STREET ADDRESS (If rural, give location)

631 Houser Street

Length of stay in Baltimore **24 Yrs.**

5. SEX **Male** 6. COLOR OR RACE **Colored** 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) **Single**

8. DATE OF BIRTH

April-1-1923

9. AGE (In years last birthday) **29**

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Skill Laborer

10B. KIND OF BUSINESS OR INDUSTRY **Holtite Rubber Co**

11. BIRTHPLACE (State or foreign country)

Accomac Co. Va.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Thomas Drummond

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Maggie Drummond 850 Carroll St

18. **443X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.)

(A) **Hypertensive cardiovascular disease**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **Inspection & Inquiry** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: **natural causes** ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William W. Wilson

23B. CHIEF MEDICAL EXAMINER.....☐ ASSISTANT MEDICAL EXAMINER.....☒ M.D. MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

Sept. 2, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

9/6/1952

24C. NAME OF CEMETERY OR CREMATORY

Mt Calvary Cem.

24D. LOCATION (City, town, or county)

Brooklyn Md.

DATE RECEIVED BY LOCAL REGISTRAR

SEP 5 1952

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Choy Wilson

ADDRESS

0513 32

RECEIVED 20 07 10 07 20

0513



1

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 8230
Registered No. _____

530
2 8230
BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) Charles J. Schmidt		2. DATE OF DEATH Sept. 4, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY none	
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Agnes Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 4003 N. Charles St.		E. LENGTH OF STAY IN BALTIMORE life Yrs. _____ Mos. _____ Days _____	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH July 19, 1886
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Butcher		10B. KIND OF BUSINESS OR INDUSTRY Wholesale beef	9. AGE (In years last birthday) 66
11. BIRTHPLACE (State or foreign country) Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY? U. S.	
13. FATHER'S NAME Andrew W. Schmidt		14. MOTHER'S MAIDEN NAME Margaret Dimling	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Mrs. Amelia S. Schmidt		ADDRESS 4003 N. Charles St.	

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Coronary Embolism DUE TO Myocardial Infarction DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. tc OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. tc		CAUSE OF DEATH Coronary Embolism Myocardial Infarction tc	INTERVAL BETWEEN ONSET AND DEATH sudden 1 year
---	--	---	--

19A. DATE OF OPERATION 9-8-52		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **Jan 1st 1950** to **Sept 4th 1952** that I last saw the deceased alive on **Aug 3rd 1952**, and that death occurred at **9A. m.**, from the causes and on the date stated above.

23A. SIGNATURE Dr. A. Chatain M. D.	23B. ADDRESS 15 E. Biddle St.	23C. DATE SIGNED 9 - 5 - 52
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 9 - 8 - 52	24C. NAME OF CEMETERY OR CREMATORY Druid Ridge
24D. LOCATION (City, town, or county) (State) Pikesville, Md.		25. FUNERAL DIRECTOR ADDRESS John O. Mitchell & Sons, Inc. 1900 Eutaw Place

DATE RECEIVED BY LOCAL REGISTRAR **SEP 5 1952** REGISTRAR'S SIGNATURE **Huntington Williams, M.D.**

VS 150

Dr. Chatain 269463 9 2 52

MEDICAL CERTIFICATION

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UNITED STATES DEPARTMENT OF AGRICULTURE

OFFICE OF THE SECRETARY

1911

REPORT OF THE SECRETARY OF AGRICULTURE

FOR THE YEAR 1911

IN RESPONSE TO A RESOLUTION OF THE HOUSE OF REPRESENTATIVES

PASSED MAY 10, 1911

AND A RESOLUTION OF THE SENATE

PASSED MAY 10, 1911

AND A RESOLUTION OF THE HOUSE OF REPRESENTATIVES

PASSED MAY 10, 1911

AND A RESOLUTION OF THE SENATE

PASSED MAY 10, 1911

AND A RESOLUTION OF THE HOUSE OF REPRESENTATIVES

PASSED MAY 10, 1911

AND A RESOLUTION OF THE SENATE

PASSED MAY 10, 1911

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PASSED MAY 10, 1911

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AND A RESOLUTION OF THE SENATE

PASSED MAY 10, 1911

AND A RESOLUTION OF THE HOUSE OF REPRESENTATIVES

PASSED MAY 10, 1911

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 8231**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print) **Edward Scott**

2. DATE OF DEATH **9-3-52**

3. PLACE OF DEATH:

A. Baltimore City, Maryland **yes**

B. FULL NAME OF HOSPITAL OR INSTITUTION **Providence**

29

Length of stay in Baltimore **40**

Yrs.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE **Maryland** B. COUNTY **Baltimore**

C. CITY OR TOWN **city** (If outside corporate limits, write RURAL and give township) **16-03**

D. STREET ADDRESS (If rural, give location) **1609 LAURENS**

5. SEX **Male**

6. COLOR OR RACE **Negro**

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) **MARRIED**

8. DATE OF BIRTH

Jan. 4, 1888

9. AGE (In years last birthday) **64**

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Tavern Owner**

10B. KIND OF BUSINESS OR INDUSTRY **Restaurant**

11. BIRTHPLACE (State or foreign country) **Virginia (Essex Co.)**

12. CITIZEN OF WHAT COUNTRY? **USA**

13. FATHER'S NAME **Moses Scott**

14. MOTHER'S MAIDEN NAME **Sallie Braxton**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Lucy Scott-1609 Laurens St.

18. **581.0**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) **Portal Cirrhosis**

10 yrs.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Hepatic Insufficiency**

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION **0**

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **8-26, 1952**, to **9-3, 1952** that I last saw the deceased alive on **9-3, 1952**, and that death occurred at **2:30 a.m.**, from the causes and on the date stated above.

23A. SIGNATURE **J. Can**

23B. ADDRESS

M. D. **Providence Hospital**

23C. DATE SIGNED **9-3-52**

24A. BURIAL, CREMATION, REMOVAL (Specify) **Burial**

24B. DATE **9/6/1952**

24C. NAME OF CEMETERY OR CREMATORY **Arbutus Mem. Park**

24D. LOCATION (City, town, or county) (State) **Baltimore Co., Maryland**

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE **Huntington Williams, M.D.**

25. FUNERAL DIRECTOR

ADDRESS

SEP 5 1952

Holland Funeral Home-1631 Druid Hill Ave.

VS 150

1952906408220

MEDICAL CERTIFICATION

correct age is extremely important

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

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530

52 8232

BIRTH NO.

52-00571

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 8232

1. NAME OF DECEASED (Type or Print) Gail MARSHA Smith		2. DATE OF DEATH 9-3-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland yes		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION Provident Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) City 13-03	
Length of stay in Baltimore 7 Mos.		D. STREET ADDRESS (If rural, give location) 2436 Mc Culloh	
5. SEX Female	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 1-6-52
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 7 H Under 1 Year Months: Days H Under 24 Hours Hours Min.
13. FATHER'S NAME Clarence Smith		11. BIRTHPLACE (State or foreign country) Maryland (Baltimore) 12. CITIZEN OF WHAT COUNTRY? USA	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Mr. Clarence Smith		ADDRESS 2436 McCulloh St.	

18. 571.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Diarrhea	CAUSE OF DEATH (A) Dehydration	INTERVAL BETWEEN ONSET AND DEATH 7 days
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Dehydration	(B) Dehydration	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	(C)	

19A. DATE OF OPERATION None	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 8-29 , 1952 to 9-3 , 1952 that I last saw the deceased alive on 9-3 , 1952, and that death occurred at 11 59 a. m., from the causes and on the date stated above.		
23A. SIGNATURE J. Carr	23B. ADDRESS Provident Hospital	23C. DATE SIGNED 9-3-52
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 9/6/52	24C. NAME OF CEMETERY OR CREMATORY A. butus Mem. Park
24D. LOCATION (City, town, or county) (State) Baltimore Co. Maryland		
DATE RECEIVED BY LOCAL REGISTRAR SEP 5 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Holland Funeral Home-1631 Druid Hill Ave.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. **52 8233**

625
52 8233
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Owen F. Merson		2. DATE OF DEATH Sept 4-1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland 1702 Linden Ave		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Taurel Md B. COUNTY Anne Arundel	
B. FULL NAME OF HOSPITAL OR INSTITUTION 00		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Taurel	
Length of stay in Baltimore 7 Yrs. 0 Mos. 0 Days		D. STREET ADDRESS (If rural, give location) 48 B Street 6637	
5. SEX M	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH Aug 4 1879
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer		10B. KIND OF BUSINESS OR INDUSTRY Farm	9. AGE (in years last birthday) 73
13. FATHER'S NAME Frank Merson		12. CITIZEN OF WHAT COUNTRY? U.S.A	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		11. BIRTHPLACE (State or foreign country) Jessops	
16. SOCIAL SECURITY NO. ?		14. MOTHER'S MAIDEN NAME Becky Bryant	
17. INFORMANT Hincann Hoden		ADDRESS Taurel Md	
18. 420.1 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Coronary occlusion DUE TO ANTECEDENT CAUSES Coronary arteriosclerosis DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. about 1 year			INTERVAL BETWEEN ONSET AND DEATH
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4/10/52 , 19 52 , to 8/11/52 , that I last saw the deceased alive on 8/11/52 , and that death occurred at 8:50 m., from the causes and on the date stated above.			
23A. SIGNATURE Robert M. Berger		23B. ADDRESS 912 Brooks Lane	
23C. DATE SIGNED 9/4/52			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Sept 7-1952	
24C. NAME OF CEMETERY OR CREMATORY Long Hill		24D. LOCATION (City, town, or county) (State) Taurel Md	
DATE RECEIVED BY LOCAL REGISTRAR SEP 5 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
FUNERAL DIRECTOR Ridgley Selby		ADDRESS 401 Wash. ave	

195820/008230

Taurel Md

MEDICAL CERTIFICATION

0000 80

0000 80

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 8234**

BIRTH NO. **655 8234**

1. NAME OF DECEASED (Type or Print) ARTHUR A. BUERMANN		2. DATE OF DEATH September 4, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 26-03	
B. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) 3447 Clifftmont Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 3447 Clifftmont Avenue		E. DATE OF BIRTH Oct. 2-1889	
F. AGE (In years last birthday) 62		G. Under 1 Year Months: Days: Hours: Min.	
H. Under 24 Hours		I. Under 1 Year Months: Days: Hours: Min.	
J. Under 24 Hours		K. Under 1 Year Months: Days: Hours: Min.	
L. Under 24 Hours		M. Under 1 Year Months: Days: Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Caper Hanger		11. BIRTHPLACE (State or foreign country) Baltimore Md	
10B. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Arthur J. Buermann		14. MOTHER'S MAIDEN NAME Mary Stengel	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Mrs Mary E. Buermann		ADDRESS SAME	

18. E976X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Gunshot wound of the head DUE TO		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES (B) DUE TO		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) DUE TO		
II OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT		

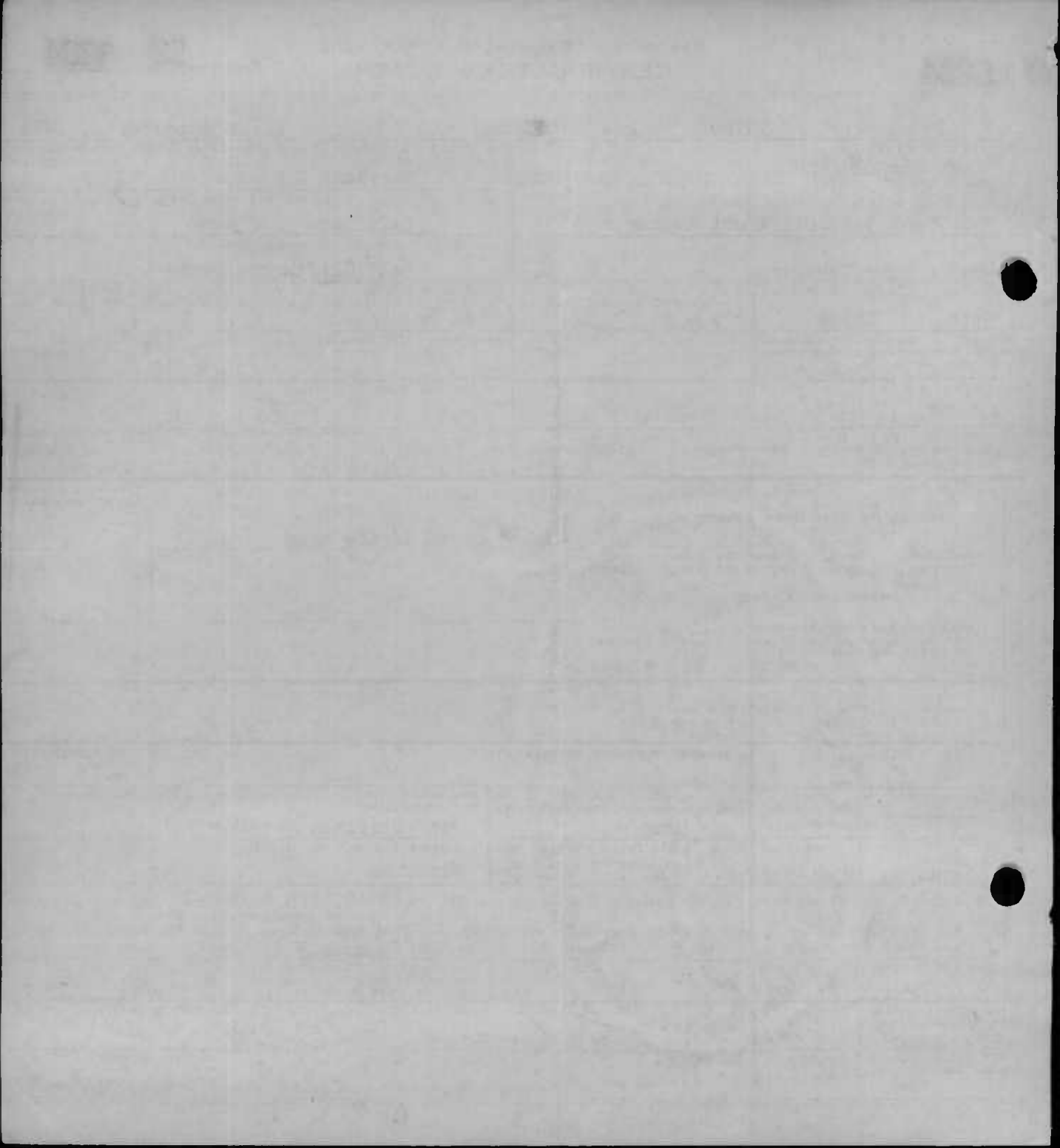
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 3447 Clifftmont Avenue	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY Sept. 4, 1952 5:30 P.m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Firearms	

22. I certify that I took charge of the remains described above, held an **Inspection & Inquiry** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.

23A. SIGNATURE William V. Loefer		23B. CHIEF MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR.....		23C. DATE SIGNED Sept. 4, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Buried		24B. DATE 9/8/52		24C. NAME OF CEMETERY OR CREMATORY Parkwood	
24D. LOCATION (City, town, or county) (State) Bald Md.		24E. FUNERAL DIRECTOR Leonard J. Ruck		24F. ADDRESS 5305 Bayford	
DATE RECEIVED BY LOCAL REGISTRAR SEP 5 1952		REGISTRAR'S SIGNATURE Thurston Williams, M.D.		25. FUNERAL DIRECTOR Leonard J. Ruck	

Write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



CERTIFICATE OF DEATH

DATE OF DEATH

NAME OF DECEASED

SEX

AGE

RESIDENCE

PLACE OF DEATH

CAUSE OF DEATH

TO

DATE OF DEATH

TIME OF DEATH

PLACE OF DEATH

REGISTRATION NO.

DATE OF DEATH

PLACE OF DEATH

DATE OF DEATH

PLACE OF DEATH

Dr. Muller St.
2 W. Read St.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 8236

BIRTH NO.

1. NAME OF DECEASED (Type or Print) JOHN DANIEL REID, SR.		2. DATE OF DEATH 9/4/52	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE Maryland b. COUNTY Baltimore	
b. FULL NAME OF HOSPITAL OR INSTITUTION Union Memorial Hospital		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Towson	
Length of stay in Baltimore Life		d. STREET ADDRESS (If rural, give location) 8508 Willow Oak Road	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 1/19/07
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Manager		9. AGE (in years last birthday) 45	
10b. KIND OF BUSINESS OR INDUSTRY Mid City Garage		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME Benjamin Franklin Reid		12. CITIZEN OF WHAT COUNTRY? USA	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. 215-07-3114	
17. INFORMANT Son - John D. Reid, Jr.		ADDRESS 8508 Willow Oak Rd.	

18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Cerebral vascular accident		INTERVAL BETWEEN ONSET AND DEATH 5 days
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Hypertensive cardio-vascular disease		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19a. DATE OF OPERATION 9/4/52		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 8/30 , 19 52 to 9/4 , 19 52 that I last saw the deceased alive on 9/4 , 19 52 , and that death occurred at 9:30 p. m., from the causes and on the date stated above.				
23a. SIGNATURE Harvey S. Green, Jr.		23b. ADDRESS Union Memorial Hosp		23c. DATE SIGNED 9-4-52
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE Sept 8/52	24c. NAME OF CEMETERY OR CREMATORY Moreland Memorial	24d. LOCATION (City, town, or county) (State) Balto Md	
DATE RECEIVED BY LOCAL REGISTRAR SEP 5 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Henry J. J. & Sons Co
				ADDRESS 4905 York Road

8752 SE

8752 SE

CHARTER OF RIGHTS

THE CHARTER OF RIGHTS
AND THE BILL OF RIGHTS
ARE THE TWO MOST IMPORTANT
DOCUMENTS IN THE HISTORY
OF THE UNITED STATES
THEY GUARANTEE THE
FUNDAMENTAL RIGHTS
OF ALL AMERICANS
AND PROTECT THEM
FROM THE ABUSE
OF GOVERNMENT POWER

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 8237**

100
8237

1. NAME OF DECEASED (Type or Print) Mr. George Hoff		2. DATE OF DEATH 9/5/1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland Yes		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Bon Secours Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. Length of stay in Baltimore Life-time		E. STREET ADDRESS (If rural, give location) 3221 Chesterfield Ave, Balto-13-Md.	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 1/8/1891
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stationary Engineer		10B. KIND OF BUSINESS OR INDUSTRY Gas & Elec. Co.	9. AGE (in years last birthday) 61 If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.
11. BIRTHPLACE (State or foreign country) Baltimore, Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME John Hoff		14. MOTHER'S MAIDEN NAME Mary Fogle	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 212-05-4644	
17. INFORMANT		ADDRESS Mildred Hoff, 3221 Chesterfield Avenue	
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cardiac Insufficiency DUE TO Myocardial Infarction DUE TO Arteriosclerotic C.V. Disease		INTERVAL BETWEEN ONSET AND DEATH	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONOITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDER- Lying <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) 7-5-52 4:15 a.m.	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 8-29-52 , 19 52 , to 9-5-52 , 19 52 that I last saw the deceased alive on 9-5-52 , 19 52 and that death occurred at a.m. , from the causes and on the date stated above.			
23A. SIGNATURE [Signature]		23B. ADDRESS Bon Secours Hospital	
23C. DATE SIGNED 9-5-52			
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 9/8/52	
24C. NAME OF CEMETERY OR CREMATORY Moreland Park Cemetery		24D. LOCATION (City, town, or county) (State) Parkville, Maryland	
DATE RECEIVED BY LOCAL REGISTRAR SEP 5 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
25. FUNERAL DIRECTOR Wm. Cook, Inc.		ADDRESS 1217 St. Paul Street	

MEDICAL CERTIFICATION

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 8238

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CLARENCE L. CHALKLEY

2. DATE
OF DEATH Sept. 3, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Baltimore City Morgue

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Virginia

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Richmond

D. STREET ADDRESS (If rural, give location)

318 North 30th Street

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Single

8. DATE OF BIRTH

Nov. 13, 1910

9. AGE (In years
last birthday)

41

10 Under 1 Year
Months Days11 Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

welder

10B. KIND OF BUSINESS OR
INDUSTRY

Electric

13. FATHER'S NAME

Herbert E. Chalkley

14. MOTHER'S MAIDEN NAME

Elizabeth Evans

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

Mrs. Elizabeth Chalkley, 318 N. 30th St.
Richmond, Virginia

18. E903.5 and 302.2 CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Massive subdural hemorrhage

DUE TO Fracture of Skull

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

pavement

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

Charles and Lee Sts.

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

August 29, 1952

21E. INJURY OCCURRED
WHILE AT WORK ☐ NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Fell to pavement while intoxicated

22. I certify that I took charge of the remains described above, held an autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. J. Fisher

23B. CHIEF MEDICAL EXAMINER.....☒ASSISTANT MEDICAL EXAMINER.....☐

23C. DATE SIGNED

Sept. 3, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)
removal

24B. DATE

9/5/52

24C. NAME OF CEMETERY OR CREMATORY

Richmond

24D. LOCATION (City, town, or county)

Richmond, Virginia

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. Cook, Inc.

ADDRESS

1217 St. Paul St.

VS 151

N803.2

1956-08-23-5

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5455
8239
REA-16250BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 8239

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Edward Almony			2. DATE OF DEATH Sept. 3, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY 26-12		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Avenue			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore life			D. STREET ADDRESS (If rural, give location) B. C. H. 4940 Eastern Avenue		
5. SEX male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH April 9, 1880	9. AGE (In years last birthday) 72	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist		10B. KIND OF BUSINESS OR INDUSTRY Shop	11. BIRTHPLACE (State or foreign country) Shrewsbury, Pennsylvania		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME George Almony			14. MOTHER'S MAIDEN NAME Labinia Miller		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Records: B. C. H. 4940 Eastern Avenue		

18. 027x	CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Cerebral Vascular Accident	1wk.
DUE TO			
ANTECEDENT CAUSES		(B) Arteriosclerotic Heart Disease	4 yrs.
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO	
		(C) Luetic Amyotrophy	21 yrs.
II OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION 7		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11-5 , 19 52 , to 9-3 , 19 52 , that I last saw the deceased alive on 9-3-52 , 19 52 , and that death occurred at 11:20 P. , from the causes and on the date stated above.					
23A. SIGNATURE [Signature]		23B. ADDRESS 4940 Eastern Avenue		23C. DATE SIGNED 9-4-52	

24A. BURIAL, CREMA- TION, REMOVAL (Specify) burial	24B. DATE 9/6/52	24C. NAME OF CEMETERY OR CREMATORY Mt. Zion M. O. Church Cemetery Freeland,	24D. LOCATION (City, town, or county) (State) Maryland
DATE RECEIVED BY LOCAL REGISTRAR SEP 5 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Wm. Cook, Inc.	ADDRESS 1217 St. Paul Street

1952

50

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

100-1-52

DATE OF DEATH: 1952

TIME OF DEATH: 1952

PLACE OF DEATH: 1952

DATE OF BIRTH: 1952

TIME OF BIRTH: 1952

PLACE OF BIRTH: 1952

DATE OF DEATH: 1952

TIME OF DEATH: 1952

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DATE OF DEATH: 1952

TIME OF DEATH: 1952

PLACE OF DEATH: 1952

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 8240**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Clara Plenge

2. DATE
OF
DEATH

September 2, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Melchor Nursing Home
2326 N. Charles Street

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

605 N. Charles Street

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

About 1873

9. AGE (In years last birthday)

About 79

10 Under 1 Year Months: Days

11 Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR INDUSTRY

own home

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Randolph Stone

14. MOTHER'S MAIDEN NAME

Lucy Dillon

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Elgin, Colesville, Maryland

18. **332X I**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CEREBRAL THROMBOSIS

3 weeks

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(A) DUE TO

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

GENERALIZED ARTERIOSCLEROSIS

sev yrs.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Jan 51, 1951, to Sept 2, 1952, that I last saw the deceased alive on Sept 1, 1952, and that death occurred at 1:30 A. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

2431 Maryland Avenue

23C. DATE SIGNED

9-5-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

removal

24B. DATE

9/5/52

24C. NAME OF CEMETERY OR CREMATORY

Winston-Salem

24D. LOCATION (City, town, or county) (State)

Winston-Salem, North Carolina

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 5 1952

Huntington Williams, Jr.

Mrs. Cook, Inc.

1217 St. Paul Street

RECEIVED
GENERAL INVESTIGATIVE DIVISION
FEDERAL BUREAU OF INVESTIGATION
U. S. DEPARTMENT OF JUSTICE

RECEIVED
GENERAL INVESTIGATIVE DIVISION
FEDERAL BUREAU OF INVESTIGATION
U. S. DEPARTMENT OF JUSTICE

RECEIVED
GENERAL INVESTIGATIVE DIVISION
FEDERAL BUREAU OF INVESTIGATION
U. S. DEPARTMENT OF JUSTICE

240
52 8241
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 8241

1. NAME OF DECEASED (Type or Print)		Emma Buckley		2. DATE OF DEATH September 4, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Melchor Nursing Home 3703 Dolfield Avenue				C. CITY OR TOWN (If outside corporate limits, write full name and give township) Baltimore	
c. Length of stay in Baltimore Yrs. Mos. Days				D. STREET ADDRESS (If rural, give location) 2708 W. Fairmount Avenue	
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH Jan. 1, 1861	9. AGE (in years last birthday) 91 If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10B. KIND OF BUSINESS OR INDUSTRY own home		11. BIRTHPLACE (State or foreign country) Pennsylvania	
13. FATHER'S NAME Eli Strickler				12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Catherine	
17. INFORMANT Wm. B. Strickler, 210 Washburne Avenue				ADDRESS	
18. 420.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH D. O. A. - Probably coronary thrombosis with massive infarct. INTERVAL BETWEEN ONSET AND DEATH DUE TO (A) DUE TO (B) DUE TO (C) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. CERTIFICATION APPROVED BY R. Fisher M.D. CHIEF OR ASST. HEALTH COMMISSIONER					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION			
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from _____, 19____, to Sept 4, 1952, that I last saw the deceased alive on _____, 19____, and that death occurred at 7:30 AM., from the causes and on the date stated above.					
23A. SIGNATURE Richard M. Kolum		23B. ADDRESS 3700 Park Heights		23C. DATE SIGNED Sept 4/52	
24A. BURIAL, CREMA- TION, REMOVAL (Specify) burial		24B. DATE 9/6/52		24C. NAME OF CEMETERY OR CREMATORY Loudon Park Cemetery	
24D. LOCATION (City, town, or county) Baltimore,		24E. LOCATION (City, town, or county) Baltimore,		24F. LOCATION (City, town, or county) Maryland	
DATE RECEIVED BY LOCAL REGISTRAR SEP 5 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Wm. Cook, Jr.	
VS 150		ADDRESS 1217 St. Paul Street			

PLEASE WRITE IN INK
correct age is especially important. Physicians: please write in ink.

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **58 8242**

152
52 8242

1. NAME OF DECEASED (Type or Print) Frances Robbins		2. DATE OF DEATH Sept. 1, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 1128 W. Saratoga		C. CITY OR TOWN (If outside corporate limits write RURAL and give township) Baltimore 18-02	
D. STREET ADDRESS (If rural, give location) 1128 W. Saratoga		E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days	
5. SEX F	6. COLOR OR RACE N	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10B. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME James Robbins		14. MOTHER'S MAIDEN NAME Royal	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	
17. INFORMANT Clotie Wilson		ADDRESS 1128 W. Saratoga St	

CAUSE OF DEATH

18. 200.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) LYMPHOSARCOMA, RETRO- PERITONEAL	INTERVAL BETWEEN ONSET AND DEATH 10-12 MO.
--	--

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION JANUARY 28, 1952		19B. MAJOR FINDINGS OF OPERATION RETROPERITONEAL SARCOMA		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **Aug 22, 1952** to **Aug 31, 1952** that I last saw the deceased alive on **Aug 31, 1952** and that death occurred at **2:45 am.**, from the causes and on the date stated above.

23A. SIGNATURE J. D. Butler	23B. ADDRESS Univ. Hosp	23C. DATE SIGNED Sept. 1
---------------------------------------	-----------------------------------	------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 9/6/1952	24C. NAME OF CEMETERY OR CREMATORY Wt. Auburn Cem.	24D. LOCATION (City, town, or county) (State) Balto Md
DATE RECEIVED BY LOCAL REGISTRAR SEP 5 1952		REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR Mrs Kate R. Williams
		ADDRESS 322 N. Schroeder St	

VS 150
19520508239

MEDICAL CERTIFICATION

UNITED STATES DEPARTMENT OF THE INTERIOR

BUREAU OF LAND MANAGEMENT

WATER RESOURCES DIVISION

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered **52 8243**

000
52 8243
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Carl COE		2. DATE OF DEATH Sept. 2, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Baltimore City Hospitals		C. CITY OR TOWN (If outside corporate limits, write full name of township) Baltimore	
D. STREET ADDRESS (If rural, give location) 1028 W. Lexington St.		E. LENGTH OF STAY IN BALTIMORE Yrs. _____ Mos. _____ Days _____	
5. SEX male	6. COLOR OR RACE colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married (Sep)	8. DATE OF BIRTH Aug. 3, 1917
9. AGE (In years last birthday) 36	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lebanon	11. BIRTHPLACE (State or foreign country) Chesterfield S.C.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Roy Coe		14. MOTHER'S MAIDEN NAME Sallie Pegreos	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No	16. SOCIAL SECURITY NO.	17. INFORMANT Walter Adams	18. ADDRESS 924 9-24

18. 330X CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Massive subarachnoid hemorrhage due to from aneurysm of circle of Willis ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH
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19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I certify that I took charge of the remains described above, held an autopsy thercon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE R. P. Fisher		23B. CHIEF MEDICAL EXAMINER..... <input checked="" type="checkbox"/> 23C. DATE SIGNED ASSISTANT MEDICAL EXAMINER..... <input type="checkbox"/> Sept. 3, 1952 M.D. MEDICAL INVESTIGATOR	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 9/6/1952	24C. NAME OF CEMETERY OR CREMATORY W. T. Arkam Cem. Balto	24D. LOCATION (City, town, or county) (State) MD.
DATE RECEIVED BY LOCAL REGISTRAR SEP 5 1952		25. FUNERAL DIRECTOR Huntington Williams, M.D. Mrs. Katie R. Williams ADDRESS 322 N. Schroeder	

correct age is extremely important

MEDICAL CERTIFICATION

DEPARTMENT OF HEALTH
DIVISION OF HEALTH

STATE OF NEW YORK

IN SENATE

JANUARY 1, 1911

REPORT

OF THE

COMMISSIONER OF HEALTH

FOR THE YEAR 1910

ALBANY:

THE STATE PRINTING OFFICE

1911

PRICE, 10 CENTS

PER COPY, 5 CENTS

BY MAIL, 10 CENTS

POSTAGE PAID

NEW YORK

1911

1911

1911

1911

1911

1911

450
REA-129146BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 8244

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH Aug. 30, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Avenue		6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
7. Length of stay in Baltimore 28 yrs. Yrs. Mos. Days		8. STREET ADDRESS (If rural, give location) B. C. H. 4940 Eastern Avenue	
9. SEX Male	10. COLOR OR RACE Negro	11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	12. DATE OF BIRTH April 25, 1892
13. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		14. AGE (In years last birthday) 60	
15. KIND OF BUSINESS OR INDUSTRY		16. If Under 1 Year Months Days If Under 24 Hours Hours Min.	
17. BIRTHPLACE (State or foreign country) Maryland		18. CITIZEN OF WHAT COUNTRY?	
19. FATHER'S NAME Amos Allen (D)		20. MOTHER'S MAIDEN NAME Emma Bacon (D)	
21. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		22. SOCIAL SECURITY NO.	
23. INFORMANT Records: D. C. H. 4940 Eastern Avenue		24. ADDRESS	
25. CAUSE OF DEATH I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.) Bronchopneumonia DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Cerebral Vascular Accident OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 3 wks.			
26. DATE OF OPERATION		27. MAJOR FINDINGS OF OPERATION	
28. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		29. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
30. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		31. HOW DID INJURY OCCUR?	
32. TIME (Month) (Day) (Year) (Hour) m. INJURY		33. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK	
34. I hereby certify that I attended the deceased from 5-21-1949, to 8-30-1952, that I last saw the deceased alive on 8-30-1952, and that death occurred at 1:50 A. M., from the causes and on the date stated above.			
35. SIGNATURE J. S. Cogen		36. ADDRESS 4940 Eastern Avenue	
37. DATE 9/6/1952		38. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cem. Bldg.	
39. LOCATION (City, town, or county) (State) Baltimore Md.		40. DATE RECEIVED BY LOCAL REGISTRAR SEP 5 1952	
41. REGISTRAR'S SIGNATURE Huntington Williams, M.D.		42. FUNERAL DIRECTOR Mr. Kate R. Williams	
43. ADDRESS 3227 Schuylkill St.		44. DATE SIGNED 9-4-52	

1952 25

CENTRICAL CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1952

DATE OF DEATH: 1952

PLACE OF DEATH: 1952

DECEASED'S NAME: 1952

DECEASED'S SEX: 1952

DECEASED'S AGE: 1952

DECEASED'S OCCUPATION: 1952

DECEASED'S MARITAL STATUS: 1952

DECEASED'S RACE: 1952

DECEASED'S BIRTH DATE: 1952

DECEASED'S BIRTH PLACE: 1952

DECEASED'S PRESENT ADDRESS: 1952

DECEASED'S PREVIOUS ADDRESS: 1952

DECEASED'S PREVIOUS OCCUPATION: 1952

DECEASED'S PREVIOUS MARITAL STATUS: 1952

DECEASED'S PREVIOUS RACE: 1952

DECEASED'S PREVIOUS BIRTH DATE: 1952

DECEASED'S PREVIOUS BIRTH PLACE: 1952

DECEASED'S PREVIOUS PRESENT ADDRESS: 1952

DECEASED'S PREVIOUS PREVIOUS ADDRESS: 1952

DECEASED'S PREVIOUS PREVIOUS OCCUPATION: 1952

DECEASED'S PREVIOUS PREVIOUS MARITAL STATUS: 1952

DECEASED'S PREVIOUS PREVIOUS RACE: 1952

DECEASED'S PREVIOUS PREVIOUS BIRTH DATE: 1952

DECEASED'S PREVIOUS PREVIOUS BIRTH PLACE: 1952

DECEASED'S PREVIOUS PREVIOUS PRESENT ADDRESS: 1952

DECEASED'S PREVIOUS PREVIOUS PREVIOUS ADDRESS: 1952

DECEASED'S PREVIOUS PREVIOUS PREVIOUS OCCUPATION: 1952

DECEASED'S PREVIOUS PREVIOUS PREVIOUS MARITAL STATUS: 1952

DECEASED'S PREVIOUS PREVIOUS PREVIOUS RACE: 1952

DECEASED'S PREVIOUS PREVIOUS PREVIOUS BIRTH DATE: 1952

600
52 8245BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 8245

BIRTH NO.

1. NAME OF DECEASED (Type or Print)		MARY WHARRY		2. DATE OF DEATH Sept. 3, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)		
B. FULL NAME OF HOSPITAL OR INSTITUTION 2625 Washington Boulevard			A. STATE Maryland		
C. CITY OR TOWN Baltimore			B. COUNTY		
D. STREET ADDRESS (If rural, give location) 2625 Washington Boulevard			E. CITY OR TOWN (If outside corporate limits, write RURAL and give township)		
F. Length of stay in Baltimore Life			G. DATE OF BIRTH Oct. 27, 1871		
H. SEX female			I. AGE (In years last birthday) 80		
J. COLOR OR RACE white			K. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow		
L. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home Duties			M. KIND OF BUSINESS OR INDUSTRY		
N. FATHER'S NAME William H. Basley			O. BIRTHPLACE (State or foreign country) Baltimore		
P. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)			Q. SOCIAL SECURITY NO. None		
R. DATE OF DEATH Sept. 3, 1952			S. MOTHER'S MAIDEN NAME Matilda		
T. INFORMANT Oscar R. Gibson			U. ADDRESS Box 177, Fort Mead, Severn, Md.		

18. 443X

CAUSE OF DEATH

Severn, Md.

INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral hemorrhage
DUE TO hypertensive cardiovascular disease

ANTECEDENT CAUSES

(B)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
M.D. MEDICAL INVESTIGATOR.....23C. DATE SIGNED
Sept. 3, 195224A. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24B. DATE

Sept. 6, 1952

24C. NAME OF CEMETERY OR CREMATORY

Mausoleum, Lorraine Park Baltimore

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

2452 50

DATE FOR THE

2452 50



524
52 8246BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 8246

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Wanda Leimkuhler

2. DATE
OF
DEATH

9/4/52

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF

(If not in hospital or institution, give street address or location)

HOSPITAL OR

INSTITUTION

Lutheran Hosp
of Maryland

Length of stay in Baltimore

63 years

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

W

Yrs.

Mos.

Days

10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR
INDUSTRY

13. FATHER'S NAME

Gustave Zellert

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

a. STATE

b. COUNTY

Md

Balto Anne Arundel

c. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

d. STREET ADDRESS (If rural, give location)

Earleigh Heights

5200

b. DATE OF BIRTH

Jan 1886

c. AGE (In years
last birthday)

63

d. Under 1 Year

Months: Days

e. Under 24 Hours

Hours: Min.

1. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

USA

14. MOTHER'S MAIDEN NAME

—

17. INFORMANT

ADDRESS

Frank E. Leimkuhler

Earleigh Heights

18. 171X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Metastatic Ca

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19a. DATE OF OPERATION

9/3/52

19b. MAJOR FINDINGS OF OPERATION

Ca of cervix - metastatic uteri - metastatic

21a. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21b. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21e. INJURY OCCURRED

m.

WHILE AT
WORKNOT WHILE
AT WORK

21f. HOW DID INJURY OCCUR?

20. AUTOPSY?

YES ☐ NO ☒22. I hereby certify that I attended the deceased from 8/30/52, 19, to 9/4/52, 19, that I last saw the
deceased alive on 9/3/52, 19, and that death occurred at 12 m., from the causes and on the date stated above.

23a. SIGNATURE

J. J. Cummings

M. D.

23b. ADDRESS

Lutheran Hosp

23c. DATE SIGNED

9/4/52

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

24b. DATE

Sept. 6-52

24c. NAME OF CEMETERY OR CREMATORY

Oak Lawn Cemetery

24d. LOCATION (City, town, or county)

Balto.

(State)

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

John H. Miller 2334 Jefferson St.

ADDRESS

CERTIFICATE OF DEATH

25 2518

25 2518

<p>1. Name of deceased: <i>[Faint, illegible text]</i></p>		<p>2. Sex: <i>[Faint, illegible text]</i></p>	
<p>3. Date of birth: <i>[Faint, illegible text]</i></p>		<p>4. Date of death: <i>[Faint, illegible text]</i></p>	
<p>5. Place of birth: <i>[Faint, illegible text]</i></p>		<p>6. Place of death: <i>[Faint, illegible text]</i></p>	
<p>7. Cause of death: <i>[Faint, illegible text]</i></p>		<p>8. Manner of death: <i>[Faint, illegible text]</i></p>	
<p>9. Signature of physician: <i>[Faint, illegible text]</i></p>		<p>10. Signature of registrar: <i>[Faint, illegible text]</i></p>	
<p>11. Date of completion: <i>[Faint, illegible text]</i></p>		<p>12. Office use: <i>[Faint, illegible text]</i></p>	

630
52 8247

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 8247

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
Julia Howard		Sep. 2, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)	
Stal 4		A. STATE Md. B. COUNTY Harford	
5. FULL NAME OF (If not in hospital or institution, give street address or location)		6. CITY OR TOWN (If outside corporate limits, write RURAL and give township)	
JOHNS HOPKINS HOSPITAL		Aberdeen 6200	
7. LENGTH OF STAY IN BALTIMORE		8. STREET ADDRESS (If rural, give location)	
Yrs. 17 Mos. 17 Days		Rt. 1 Bush Chapel Rd.	
9. SEX	10. COLOR OR RACE	11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	12. DATE OF BIRTH
Female	Colored	Married	Sep. 26, 1889
13. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		14. KIND OF BUSINESS OR INDUSTRY	
Housewife		Home	
15. FATHER'S NAME		16. MOTHER'S MAIDEN NAME	
Unknown		Isabelle Graham ?	
17. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		18. SOCIAL SECURITY NO.	
19. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		20. ADDRESS	
		JOHNS HOPKINS HOSPITAL	

18. 578X I		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Intestinal Gangrene			
DUE TO					
ANTECEDENT CAUSES		(B)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST,		DUE TO			
		(C)			
II					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?	
0				YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour)		21E. INJURY OCCURRED		21F. HOW DID INJURY OCCUR?	
INJURY		WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
22. I hereby certify that I attended the deceased from 7/16, 1952 to 9/2, 1952, that I last saw the deceased alive on 9/2, 1952 and that death occurred at 6:45 P.M., from the causes and on the date stated above.					
23A. SIGNATURE		23B. ADDRESS		23C. DATE SIGNED	
Pierce & Thum		JOHNS HOPKINS HOSPITAL		9/3/52	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
Burial		9/6/52		Mt. Calvary Cemetery	
				Aberdeen Md.	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR	
SEP 6 - 1952		Huntington Williams, Jr.		25. FUNERAL DIRECTOR	
				ADDRESS	
				Have de Grace, Md.	

STATE OF NEW YORK
CERTIFICATE OF DEATH

Name of Deceased		Age		Sex		Race		Date of Death		Place of Death	
John Doe		45		Male		White		Jan 15, 1950		New York City	
Cause of Death		Occupation		Education		Marital Status		Religion		Burial Place	
Heart Disease		Teacher		High School		Married		Catholic		St. Mary's Church	
Date of Birth		Date of Death		Time of Death		Time of Burial		Time of Interment		Time of Exhumation	
Jan 1, 1905		Jan 15, 1950		10:00 AM		11:00 AM		12:00 PM		1:00 PM	
Signature of Physician		Signature of Coroner		Signature of Registrar		Signature of Burial Officer		Signature of Interment Officer		Signature of Exhumation Officer	
[Signature]		[Signature]		[Signature]		[Signature]		[Signature]		[Signature]	

John Doe - 45 years old - died of heart disease - Jan 15, 1950 - New York City

600
52 8248
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 8248
Registered No.

1. NAME OF DECEASED (Type or Print) JEAN P. CYR		2. DATE OF DEATH 9-5-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 11-03	
B. FULL NAME OF HOSPITAL OR INSTITUTION Sinai Hosp.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
C. Length of stay in Baltimore Unknown		D. STREET ADDRESS (If rural, give location) Sherwood Hotel-Monument St	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH ? ? 1905
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Official		10B. KIND OF BUSINESS OR INDUSTRY catering co.	9. AGE (In years last birthday) 47
11. BIRTHPLACE (State or foreign country) Taunton Mass		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME Josephate Cyr.		14. MOTHER'S MAIDEN NAME Clementine LaPlante	
15. WAS DECEASED EVER IN U. S. ARMED SERVICES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Family - Taunton Mass.

18. 420.1	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH 8-25-52 to 9-5-52
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) CORONARY Thrombosis	
ANTECEDENT CAUSES	(B) -	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(C) -	

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.**SUBACUTE GLOM. NEPHRITIS
Severe Nephrotic Syndrome****Approx. 6 mos.**

19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 7-21 , 19 52 , to 9-5 , 19 52 , that I last saw the deceased alive on 9-5 , 19 52 , and that death occurred at 6:45 p.m., from the causes and on the date stated above.		
23A. SIGNATURE Joseph B. Belknap	23B. ADDRESS Sinai Hosp	23C. DATE SIGNED 9-5-52

24A. BURIAL, CREMATION, REMOVAL (Specify) Removal	24B. DATE 9/6/52	24C. NAME OF CEMETERY OR CREMATORY St. Josephs Cem	24D. LOCATION (City, town, or county) (State) Taunton Mass.
DATE RECEIVED BY LOCAL REGISTRAR SEP 6 - 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Geo. L. Beyer Jr	ADDRESS 1512 Hollins St

8038

32

8038 32

160
52 8249

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 8249

BIRTH NO. 72-06765

1. NAME OF DECEASED (Type or Print) <i>Patricia M. Shaffer</i>		2. DATE OF DEATH <i>Sept. 5-1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>214 S. Bruce St</i> B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>None</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> C. CITY OR TOWN (If outside corporate limits, write R.R. and give township) <i>Baltimore</i> D. STREET ADDRESS (If rural, give location) <i>214 S Bruce St</i>	
5. SEX <i>Female</i> 6. COLOR OR RACE <i>White</i> 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Infant</i>		8. DATE OF BIRTH <i>Feb. 28-1952</i> 9. AGE (In years last birthday) <i>6</i> If Under 1 Year Months: Days If Under 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>None</i> 10B. KIND OF BUSINESS OR INDUSTRY <i>None</i>		11. BIRTHPLACE (State or foreign country) <i>Baltimore Ind</i> 12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>	
13. FATHER'S NAME <i>Milton K. Shaffer</i>		14. MOTHER'S MAIDEN NAME <i>Sophia M. Robinson</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>None</i> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <i>None</i> 17. INFORMANT ADDRESS <i>St</i> <i>Milton K. Shaffer 214 S Bruce</i>	

18. <i>751X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO (A) <i>Hydrocephalus, Spina Bifida, Congenital</i> ANTECEDENT CAUSES DUE TO (B) _____ DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) _____		INTERVAL BETWEEN ONSET AND DEATH <i>6 mos.</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <i>Feb</i> , 1952, to <i>Sept 5</i> , 1952, that I last saw the deceased alive on <i>Sept 3</i> , 1952, and that death occurred at <i>11 p. m.</i> , from the causes and on the date stated above.				
23A. SIGNATURE <i>A. Goldman</i> M. D.		23B. ADDRESS <i>206 S. Gilman St.</i>		23C. DATE SIGNED <i>9/6/52</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>9/6/52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>London Park</i>	24D. LOCATION (City, town, or county) (State) <i>Baltimore Ind</i>	
DATE RECEIVED BY <i>SEP 6 1952</i> LOCAL DEPARTMENT		25. FUNERAL DIRECTOR ADDRESS <i>Huntington Williams, 157 Geo. E. Beyer Jr. 1512 Hollins St</i>		

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-420
52 8250
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 8250

1. NAME OF DECEASED (Type or Print) <i>Alfred L. Kulacki</i>			2. DATE OF DEATH <i>9-5-52</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Baltimore, Md</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i> C. CITY OR TOWN <i>Baltimore, Md</i> (If outside corporate limits, write RURAL and give township) D. STREET ADDRESS (If rural, give location) <i>5406 Frederick Ave</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>St Agnes Hospital</i>			Yrs. <i>52 yrs</i> Mos. <i>52 yrs</i> Days		
c. Length of stay in Baltimore			8. DATE OF BIRTH <i>7-1-1908</i>		
5. SEX <i>male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	9. AGE (in years last birthday) <i>52 yrs</i>		If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Insurance Agent</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Insurance</i>		11. BIRTHPLACE (State or foreign country) <i>Maryland</i>	
13. FATHER'S NAME <i>Joseph Kulacki</i>		14. MOTHER'S MAIDEN NAME <i>Ann Lipinski</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>-</i>		17. INFORMANT ADDRESS <i>Mrs. Alvina T. Kulacki - 5406 Frederick Av</i>	

18. <i>420.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) <i>Myocardial Infarction</i> DUE TO (B) <i>Coronary Artery occlusion</i> DUE TO (C) <i></i>		INTERVAL BETWEEN ONSET AND DEATH
	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>8-31</i> , 19 <i>52</i> , to <i>9-5</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>9-5</i> , 19 <i>52</i> , and that death occurred at <i>3:25 PM</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Huntington Williams, M.D.</i>		23B. ADDRESS <i>N. Ames Ave.</i>		23C. DATE SIGNED <i>9-5-52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>9/19/52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Lorraine Cem.</i>	
24D. LOCATION (City, town, or county) (State) <i>Woodlawn, Md.</i>		25. FUNERAL DIRECTOR <i>St. M. J. Tichner & Sons</i>		ADDRESS <i>Balto 17, Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>SEP 6 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>			

VS 150
19542023 08247 Balto 17, Md.

1950

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

DATE 10-15-83 BY SP-6 JRS/STW

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355
52 8251
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 8251
Registered No.

1. NAME OF DECEASED (Type or Print) Ruth Elizabeth Eidman		2. DATE OF DEATH Sept. 5, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE 2304 Garrison Boulevard		C. CITY OR TOWN (If outside corporate limits, give name of town, village, or township) Baltimore	
C. Length of stay in Baltimore 11 yrs. 11 mos. 15 days		D. STREET ADDRESS (If rural, give location) 2304 Garrison Boulevard	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Jan. 15, 1896
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10B. KIND OF BUSINESS OR INDUSTRY --	9. AGE (In years, last birthday) 56
13. FATHER'S NAME Henry D. Eidman		11. BIRTHPLACE (State or foreign country) Md.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		12. CITIZEN OF WHAT COUNTRY? U. S.	
16. SOCIAL SECURITY NO. none		14. MOTHER'S MAIDEN NAME Elizabeth D. Smith	
17. INFORMANT Mrs. Robert R. Mills		ADDRESS 3320 Barrington Rd.	
18. 154X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Carcinoma of rectum also in lung-liver CAUSE OF DEATH (A) Carcinoma of rectum DUE TO also in lung-liver (B) DUE TO (C) INTERVAL BETWEEN ONSET AND DEATH about 3 yrs.			
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION Feb - 1950		19B. MAJOR FINDINGS OF OPERATION Carcinoma of rectum	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from March 17 , 19 50 , to Sept 5 , 19 52 , that I last saw the deceased alive on Sept 5, 1952 , and that death occurred at 8:45 a. m. , from the causes and on the date stated above.			
23A. SIGNATURE Hunter D. Williams		23B. ADDRESS 2220 Garrison Blvd	
M. D.		23C. DATE SIGNED Sept 6/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 9-6-1952	24C. NAME OF CEMETERY OR CREMATORY Druid Ridge	24D. LOCATION (City, town, or county) (State) Pikesville, Md.
DATE RECEIVED BY LOCAL REGISTRAR SEP 6 - 1952	REGISTRAR'S SIGNATURE Hunter D. Williams, M.D.	25. FUNERAL DIRECTOR G. Howard Strong	
ADDRESS 3207 W. North Ave.,			

MEDICAL CERTIFICATION

9520008248

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered 52 8252

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

BESSIE DE BAUGH

2. DATE
OF
DEATH

9/5/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

University Hosp.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

W. Va. Martinsburg Rt # 3

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Martinsburg

V-45

D. STREET ADDRESS (If rural, give location)

Rt. # 3

Length of stay in Baltimore

24

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Nov. 28, 1885

9. AGE (In years
last birthday)

65

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

Home

13. FATHER'S NAME

George Falk

11. BIRTHPLACE (State or foreign country)

West Virginia

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

Betty Billmeyer

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Hospital Records

18. 155X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Pulmonary Edema, acute

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Generalized Carcinomatosis

DUE TO

(C)

5 mos.

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Biliary Obstruction

19A. DATE OF OPERATION

8/12/52

19B. MAJOR FINDINGS OF OPERATION

Carcinoma of Ampulla of Vater

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/12/52, 19__, to 9/5/52, 19__, that I last saw the
deceased alive on 9/5/52, 19__, and that death occurred at 12 P. m., from the causes and on the date stated above.

23A. SIGNATURE

H. W. M. D.

23B. ADDRESS

University Hosp.

23C. DATE SIGNED

9/5/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Removal

24B. DATE

5/9/52

24C. NAME OF CEMETERY OR CREMATORY

Rosedale Cem.

24D. LOCATION (City, town, or county)

Martinsburg, W. Va

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. J. Tischer & Sons

ADDRESS

Baltimore 17, Md.

SEP 6 - 1952

VS 150

19520200

40

52 8253

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 8253

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John Appel

2. DATE
OF DEATH Sept. 6, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)St. Joseph's Hospital
1400 N. Caroline St. #13

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

BALTO.

8-01

D. STREET ADDRESS (If rural, give location)

1409 N. Gay St. #13

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

FEB. 4, 1899

9. AGE (In years last birthday)

53

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

DRILL PRESS OP.

10B. KIND OF BUSINESS OR INDUSTRY

BETH STEEL

11. BIRTHPLACE (State or foreign country)

BALTO., MD.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

JOHN APPEL

MILL

14. MOTHER'S MAIDEN NAME

MARY ELLEN HANE

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

MRS. TURTLE APPEL SAME

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Thrombosis
DUE TO E Myocardial Infarction
and shock.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on 9/6/52, 19 52, and that death occurred at 12:45 A.M., from the causes and on the date stated above.

23A. SIGNATURE R. P. Loffay Jr.

M. D.

23B. ADDRESS

1400 N. Caroline St.

23C. DATE SIGNED

Sept. 6, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

Huntington Williams, 1500 Mrs. Melvyn J. Bleight
695 3A 6098 Maryland Rd.

RECEIVED BY THE DIRECTOR OF THE BUREAU OF THE ARMY
 1943

TO THE DIRECTOR OF THE BUREAU OF THE ARMY
 FROM THE DIRECTOR OF THE BUREAU OF THE ARMY
 SUBJECT: [Illegible]

[The following text is extremely faint and largely illegible due to the quality of the scan. It appears to be a memorandum or report containing several paragraphs of text, possibly including dates, names, and specific details related to the subject matter. The text is organized into a structured format, likely with a header, body, and footer.]



523

52 8254

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 8254

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Bengtson, Ida Albertina			2. DATE OF DEATH 9/6/52		
3. PLACE OF DEATH: A. Baltimore City, Maryland USPHS Hospital			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md B. COUNTY Montgomery		
B. FULL NAME OF HOSPITAL OR INSTITUTION USPHS Hospital			C. CITY OR TOWN Bethesda		
C. Length of stay in Baltimore 7/21-9/6/52			D. STREET ADDRESS (If rural, give location) 4411 Chestnut St. Bethesda Md.		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH 1/17/81		9. AGE (in years last birthday) 71
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bacteriologist, PhD.			10B. KIND OF BUSINESS OR INDUSTRY USPHS		11. BIRTHPLACE (State or foreign country) Nebraska
13. FATHER'S NAME			12. CITIZEN OF WHAT COUNTRY? US		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no			16. SOCIAL SECURITY NO.		
17. INFORMANT Eugene W. Vaverka, M.D., PHS Hospital,			18. Bethesda, Md.		

18. 151X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(A) Adenocarcinoma of stomach with wide-spread metastases and biliary obstruction.		DUE TO		Unknown	
ANTECEDENT CAUSES		(B)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO			
(C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on **9/6/52**, 19____ and that death occurred at **11:56 a.m.** from the causes and on the date stated above.

23A. SIGNATURE Eugene W. Vaverka		23B. ADDRESS USPHS Hospital, Balto. Md.		23C. DATE SIGNED 9/6/52	
--	--	---	--	-----------------------------------	--

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Sept. 6/52		24C. NAME OF CEMETERY OR CREMATORY Bethesda	
24D. LOCATION (City, town, or county) (State) Neary Land.					

DATE RECEIVED BY LOCAL REGISTRAR SEP-7-1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Robert P. Campbell	
				ADDRESS Bethesda - Md.	

CERTIFICATE OF DEATH

BRISTOL CITY HEALTH DEPARTMENT

1924

1924

DATE OF DEATH

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035
52 8255BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 8255

1. NAME OF DECEASED (Type or Print) <i>Katie Burton</i>		2. DATE OF DEATH <i>Sept. 6, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Med. Center 3</i>		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>md.</i> B. COUNTY <i>Baltimore</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Cambridge</i>	
D. STREET ADDRESS (If rural, give location) <i>719 Rock St</i>		E. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Cambridge</i>	
5. SEX <i>Female</i>		6. COLOR OR RACE <i>White</i>	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Divorced</i>		8. DATE OF BIRTH <i>9-17-1908</i>	
9. AGE (In years last birthday) <i>43</i>		10. BIRTHPLACE (State or foreign country) <i>md.</i>	
11. BIRTHPLACE (State or foreign country) <i>md.</i>		12. CITIZEN OF WHAT COUNTRY? <i>md.</i>	
13. FATHER'S NAME <i>Benjamin Turner</i>		14. MOTHER'S MAIDEN NAME <i>Mary Elzey</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>		ADDRESS	

18. <i>19812</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <i>Intercranial bleeding</i>	CAUSE OF DEATH (A) <i>Intercranial bleeding</i> DUE TO (B) <i>Thrombocytopenia</i> C (C) <i>Invasion of bone marrow by metastatic tumor of unknown type and primary site</i>	INTERVAL BETWEEN ONSET AND DEATH <i>1 year</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>0</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) <i>0</i>	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *8-20-*, 19*52* to *9-6-*, 19*52*, that I last saw the deceased alive on *9-6-*, 19*52* and that death occurred at *11:25 P.* m., from the causes and on the date stated above.

23A. SIGNATURE *Lawrence E. Schubert* D. 23B. ADDRESS *JOHNS HOPKINS HOSPITAL* 23C. DATE SIGNED *Sept-6, 52*

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	24B. DATE <i>Sept 9/52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Cambridge Md</i>	24D. LOCATION (City, town, or county) <i>md</i>
25. FUNERAL DIRECTOR <i>Huntington Williams, MD</i>	ADDRESS <i>2503 Edmonda Ave</i>		

52 8256

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 8256

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>ROY RIGSBY</i>			2. DATE OF DEATH <i>SEP 6 - 1952</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>MD</i>			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Ky.</i> B. COUNTY <i>V-15</i>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Catlettsburg</i>		
c. Month of stay in Baltimore			D. STREET ADDRESS (If rural, give location)		
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>12-18-06</i>		9. AGE (In years last birthday) <i>45</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Washman</i>		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Ky</i>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <i>Melard Rigby</i>			14. MOTHER'S MAIDEN NAME <i>Bessie Rankins</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) Yes, no or unknown			16. SOCIAL SECURITY NO.		
			17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>		

18. <i>044 X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Undiagnosed disease</i>			CAUSE OF DEATH (A) <i>Undiagnosed disease</i>			INTERVAL BETWEEN ONSET AND DEATH <i>Approx. 1 yr</i>		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			(B) DUE TO					
(C) DUE TO								
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Brucellosis</i>						<i>Unknown</i>		
19A. DATE OF OPERATION			19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)				
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <i>7-6-</i> , 1952 to <i>9-6-</i> , 1952 that I last saw the deceased alive on <i>9-6-</i> , 1952, and that death occurred at <i>m.</i> , from the causes and on the date stated above.								
23A. SIGNATURE <i>George A. Edwards</i>			23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>			23C. DATE SIGNED <i>9-6-52</i>		
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>REMOVAL</i>		24B. DATE <i>9-6-52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>CATLETTSBURG</i>		24D. LOCATION (City, town, or county) (State) <i>CATLETTSBURG, KY.</i>		
DATE RECEIVED BY LOCAL REGISTRAR <i>SEP 7 - 1952</i>			REGISTRAR'S SIGNATURE <i>Huntington Williams, Jr.</i>			25. FUNERAL DIRECTOR <i>Williams Cook, Inc. 1217 ST. PAUL ST.</i>		

See Document File 52-8256
for autopsy report which puts
cause to brucellosis
10/6/52 ES

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 8257

BIRTH NO. 52 8257 52-19641

1. NAME OF DECEASED (Type or Print) <i>Baby Boy Stewart</i>		2. DATE OF DEATH <i>Aug 27, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. Institution: residence before admission) A. STATE <i>md</i> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Lutheran Hosp of Md</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto 16 16-07</i>	
D. STREET ADDRESS (If rural, give location) <i>2907 Belmont Ave</i>		E. LENGTH OF STAY IN BALTIMORE <i>Yes</i> Mos. <i>1</i> Days <i>6</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>8/26/52</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <i>6</i> Months: Days: Hours: Min.
11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>Warner Lansford Stewart</i>		14. MOTHER'S MAIDEN NAME <i>Marie Frances Belsito</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Mother</i>		ADDRESS <i>Same</i>	

18. <i>774x</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Immaturity (580 grams)</i>	CAUSE OF DEATH (A) <i>Immaturity (580 grams)</i> DUE TO (B) <i>Constitutional Malformation</i> DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH <i>6 hrs.</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>8-26-52 (Delmar)</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) <i>Neonatal death.</i>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) <i>Delivery 8-26-52 9:25 p.m.</i>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>8-26</i> , 19 <i>52</i> , to <i>8-27</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>8-27</i> , 19 <i>52</i> , and that death occurred at <i>3:45 a.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>James R. Wells Jr.</i>		23B. ADDRESS <i>Lutheran Hosp. of Md., Inc.</i>		23C. DATE SIGNED <i>8-27-52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Cremated</i>		24B. DATE <i>2 Sept 1952</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Baltimore City Morgue</i>	
24D. LOCATION (City, town, or county) (State) <i>700 Fleet St., Baltimore, Md.</i>		24E. LOCAL REGISTRAR <i>Huntington Williams, MD</i>		24F. FUNERAL DIRECTOR <i>B. Fisher</i>	
24G. ADDRESS <i>700 Fleet St.</i>					

MEDICAL CERTIFICATION

SEP-7-1952

VS 150

19520008254

635

1. NAME OF DECEASED
(Type or Print)

Baby Girl Bortner

2. DATE OF DEATH

8/25/52

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md

B. FULL NAME OF HOSPITAL OR INSTITUTION
Lutheran Hosp of Md

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Balto 10 27-14

D. STREET ADDRESS (If rural, give location)
4523 Schenley Rd

E. Length of stay in Baltimore
Yes
Mos.
Days

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH 8/24/52

9. AGE (In years, last birthday) 4

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Daniel Robert Bortner

14. MOTHER'S MAIDEN NAME Rose Alice Clark

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Mother

ADDRESS Same Address

18. 776X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Prematurity of birth

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION 8-24-52 (Deliver)

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) 8/24/52 11:23 PM

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 24, 1952, to Aug 25, 1952, that I last saw the deceased alive on Aug 25, 1952, and that death occurred at 8:30 AM, from the causes and on the date stated above.

23A. SIGNATURE W. J. Harrison, M.D.

23B. ADDRESS Lutheran Hospital of Md.

23C. DATE SIGNED Aug 28, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify) Cremation

24B. DATE 2 Sept 1952

24C. NAME OF CEMETERY OR CREMATORY Baltimore City Morgue

24D. LOCATION (City, town, or county) (State) 700 Fleet St., Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR SEP 7 - 1952

REGISTRAR'S SIGNATURE Huntington Williams, M.D.

25. FUNERAL DIRECTOR R. F. Fisher

ADDRESS 700 Fleet St.

85 8588

CERTIFICATE OF DEATH

85 8588

Blank form with horizontal lines for text entry.

<div style="display: flex; justify-content: space-between;"> 52 8259 BALTIMORE CITY HEALTH DEPARTMENT 52 8259 </div> <div style="text-align: center;"> CERTIFICATE OF DEATH </div>		Registered No. _____	
BIRTH NO. <u>52-30391</u>			
1. NAME OF DECEASED (Type or Print) <u>BENSON, JEAN AQUANETTA</u>		2. DATE OF DEATH <u>8/23/52</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <u>MARYLAND</u> B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>UNIV. HOSPITAL</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>BALTO</u> <u>4-02</u>	
C. Length of stay in Baltimore <u>8</u> Yrs. <u>8</u> Mos. <u>Days</u>		D. STREET ADDRESS (If rural, give location) <u>620 W. SARATOGA</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>C</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>CHILD</u>	8. DATE OF BIRTH <u>8/15/52</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME <u>EDDIE SMITH</u>		14. MOTHER'S MAIDEN NAME <u>VIRGINIA BENSON</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <u>—</u>		16. SOCIAL SECURITY NO. <u>—</u>	
17. INFORMANT <u>REXIE BENSON</u>		ADDRESS <u>620 W. SARATOGA</u>	
18. <u>473X</u> I <u>1</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			CAUSE OF DEATH (A) <u>CONVULSIONS</u> DUE TO (B) <u>SEPTICEMIA</u> DUE TO (C) <u>ACUTE TONSILLITIS</u> OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
19A. DATE OF OPERATION <u>0</u>			19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) <u>0</u> <u>—</u> <u>—</u> <u>—</u>	
21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>8/22/52</u> , 19 <u>52</u> , to <u>8/23/52</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>8/23/52</u> , 19 <u>52</u> , and that death occurred at <u>2:30</u> p. m., from the causes and on the date stated above.			
23A. SIGNATURE <u>W. B. Smith, Jr.</u>		23B. ADDRESS <u>Univ. Hosp. Balto.</u>	
23C. DATE SIGNED <u>8/23/52</u>		24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>	
24B. DATE <u>28 Aug 52</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Baltimore City Morgue</u>	
24D. LOCATION (City, town, or county) (State) <u>700 Fleet St., Baltimore, Md.</u>		25. FUNERAL DIRECTOR <u>R. W. Fisher</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>SEP 7 - 1952</u>		REGISTRAR'S SIGNATURE <u>Huntington Williams, MD.</u>	
26. ADDRESS <u>700 Fleet St.</u>			

85 8528

CERTIFICATE OF DEATH
BALTIMORE CITY HEALTH DEPARTMENT

8528

DATE OF DEATH 11/16/51

TIME OF DEATH 11:00 AM

PLACE OF DEATH

HOME

AGE 68

SEX M

RACE W

EDUCATION

EDUCATION

CAUSE OF DEATH

CONGESTIVE HEART FAILURE

INTERVIEWS

DEATH CERTIFICATE

DEATH CERTIFICATE

DEATH CERTIFICATE

DEATH CERTIFICATE

DEATH CERTIFICATE

DEATH CERTIFICATE

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DEATH CERTIFICATE

DEATH CERTIFICATE

DEATH CERTIFICATE

52 8260

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 8260

Registered No.

BIRTH NO. 52-19476

1. NAME OF DECEASED
(Type or Print)

BABY BOY (B) KEMP

2. DATE
OF
DEATH

AUG. 24 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION Hospital for the Women
of Maryland

C. Month of stay in Baltimore

3hr 16 min
Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

S

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

13. FATHER'S NAME

Muhumun

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.4. USUAL RESIDENCE (Where deceased lived, If institution: residence
before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore - 12 27-10

D. STREET ADDRESS (If rural, give location)

4607 York Road

8. DATE OF BIRTH

AUG. 23 1952

9. AGE (in years
last birthday)If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.

3 16

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

USA

14. MOTHER'S MAIDEN NAME

Dorothy Roberts

17. INFORMANT

Mother

ADDRESS

4607 York Rd - Balto Hy

18. 776x

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

PREMATURITY

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

PREMATURE ONSET OF LABOR 22
WKSINTERVAL BETWEEN
ONSET AND DEATH

3 hrs

16 MIN.

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-23-52, 1952 to 8-24, 1952 that I last saw the
deceased alive on 8-24, 1952 and that death occurred at 2:40 A.M., from the causes and on the date stated above.

23A. SIGNATURE

W. Allen Decker

M. D.

23B. ADDRESS

1114 St Paul St

23C. DATE SIGNED

8-24-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Cremated

27 Aug 1952

Baltimore City Morgue

700 Fleet St., Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

EP 7 - 1952

Huntington Williams, MD.

R. F. Fisher

700 Fleet St.

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ST

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RECEIVED
FEB 20 1962

[Faint, mostly illegible text and markings covering the page, including what appears to be a signature and various stamps.]

52 8261
BIRTH NO. 52-19475

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 8261
Registered No.

1. NAME OF DECEASED (Type or Print) BABY BOY (A) KEMP.		2. DATE OF DEATH 8-24-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE MARYLAND B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION Hospital for the Women of Maryland)		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore-12 27-10	
D. STREET ADDRESS (If rural, give location) 4607 York Road		E. LENGTH OF STAY IN BALTIMORE 14 hours 15 min	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) S	8. DATE OF BIRTH 8-23-52
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME Unknown		14. MOTHER'S MAIDEN NAME DOROTHY ROBERTS	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT Mother		ADDRESS 4607 YORK ROAD BALTIMORE MD	

18. **776x**
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) **PREMATURITY**

DUE TO

PREMATURE ONSET OF LABOR

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

1 day

2 hours

15 MIN

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 8-23 , 19 52 , to 8-24 , 19 52 , that I last saw the deceased alive on 8-24 , 19 52 , and that death occurred at 1:30 Pm. , from the causes and on the date stated above.					
23A. SIGNATURE W. Allen Decker		23B. ADDRESS 1114 St Paul St		23C. DATE SIGNED 8-24-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Cremated		24B. DATE 27 August 1952		24C. NAME OF CEMETERY OR CREMATORY Baltimore City Morgue	
24D. LOCATION (City, town, or county) (State) 700 Fleet St., Baltimore, Md.		24E. DATE RECEIVED BY LOCAL REGISTRAR SEP 7 - 1952		24F. REGISTRAR'S SIGNATURE Huntington Williams, Jr.	
24G. FUNERAL DIRECTOR ADDRESS 700 Fleet St.		24H. SIGNATURE RT Fisher		24I. ADDRESS	

19520008250

18874

52 8262

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 8262

Registered No.

BIRTH NO. 52-19715

1. NAME OF DECEASED
(Type or Print)

Perry

2. DATE
OF
DEATH

August 26, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland 3104 Fait Ave

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION4. USUAL RESIDENCE (Where deceased lived, in institution: residence
A. STATE B. COUNTY before admission)

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)
Baltimore 1-01

D. STREET ADDRESS (If rural, give location)

3104 Fait Ave

C. Length of stay in Baltimore

45 minutes

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Aug 26, 1952

9. AGE (in years;
last birthday)

11 Under 1 Year Months: Days Hours: Min. 45

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Robert Howard Perry

14. MOTHER'S MAIDEN NAME

Frances Rita Thornton

15. WAS DECEASED EVER IN U. S. ARMED FORCES
(If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

Mother.

ADDRESS
3104 Fait Ave.

18. 762.5

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, assthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Immaturity

45 mi.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Atelectasis, respiratory failure

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/26, 1952, to 8/26, 1952, that I last saw the
deceased alive on 8/26, 1952, and that death occurred at 4:20 A. m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Cremated

27 Aug 1952

Baltimore City Morgue

700 Fleet St., Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

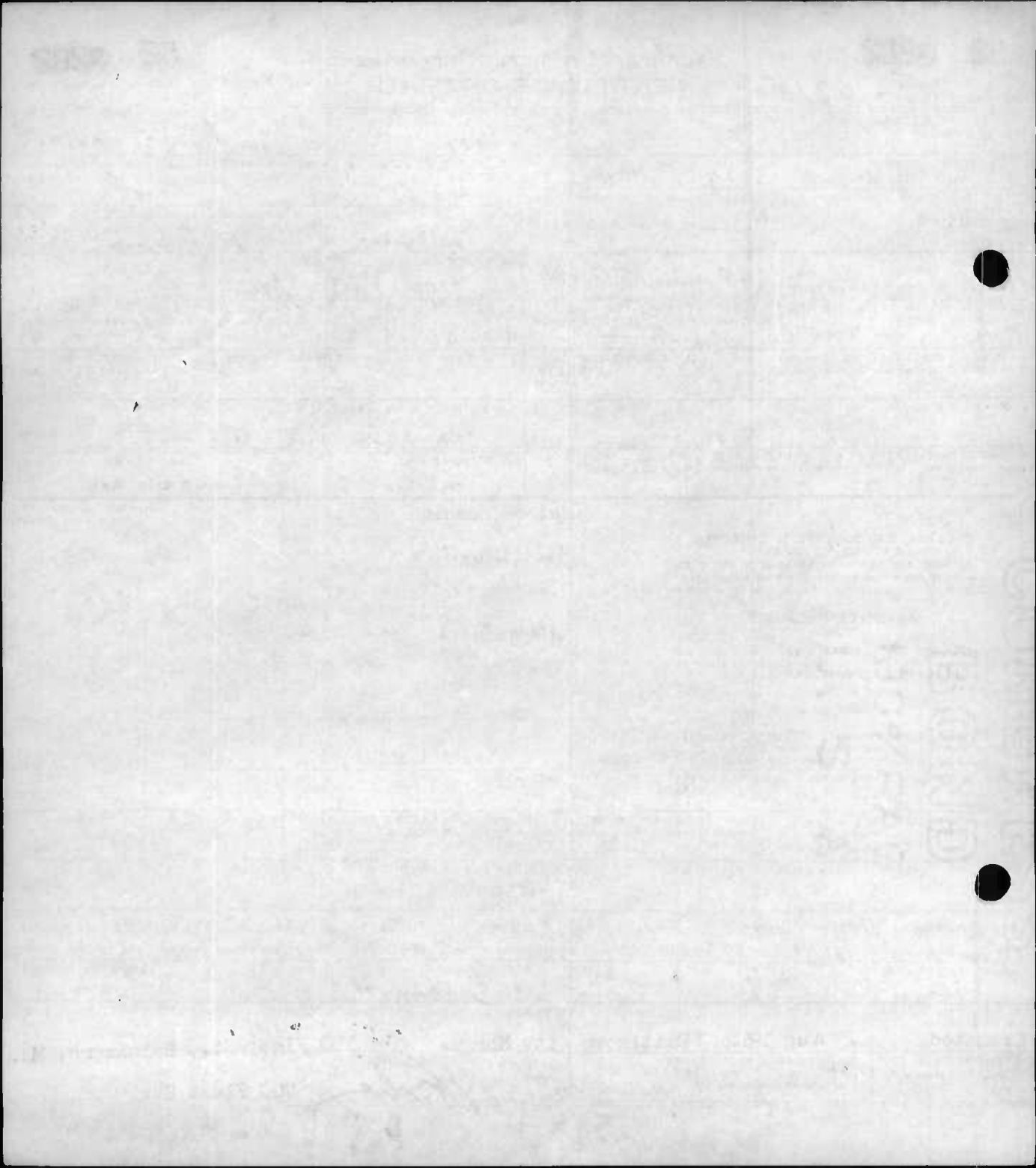
ADDRESS

SEP 7 - 1952

Huntington Williams, M.D.

R. Fisher

700 Fleet St.



52 8263

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 8263

Registered No. 615854

BIRTH NO. 52-19462

1. NAME OF DECEASED (Type or Print) BABY GIRL TAYLOR			2. DATE OF DEATH 8.25.52		
3. PLACE OF DEATH: University Hospital A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE md. B. COUNTY Baltimore		
B. FULL NAME OF (If not in hospital or institution, give street address or location) University Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Catonsville 5352		
C. Length of stay in Baltimore 8 Hours			D. STREET ADDRESS (If rural, give location) 311 Melvin Ave.		
5. SEX Female	6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH 8.25.52		9. AGE (In years last birthday) -
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY Infant	11. BIRTHPLACE (State or foreign country) State		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Taylor			14. MOTHER'S MAIDEN NAME CORRINE		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT O. Chariyan, University Hospital Baltimore I.M.D.		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS O. Chariyan, University Hospital Baltimore I.M.D.		

18. 776x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) PREMATURITY		INTERVAL BETWEEN ONSET AND DEATH 8 hours
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (A) DUE TO		
(B) DUE TO		
(C) DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 8-25-52		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **8-25, 1952** to **8-25, 1952**, that I last saw the deceased alive on **8-25, 1952**, and that death occurred at **4:20 Pm.**, from the causes and on the date stated above.

23A. SIGNATURE **O. Chariyan** M. D. 23B. ADDRESS **University Hospital Baltimore I.M.D.** 23C. DATE SIGNED **8-25-52**

24A. BURIAL, CREMATION, REMOVAL (Specify) **Cremation** 24B. DATE **28 Aug 52** 24C. NAME OF CEMETERY OR CREMATORY **Baltimore City Morgue** 24D. LOCATION (City, town, or county) (State) **700 Fleet St. Baltimore, Md.**

DATE RECEIVED BY LOCAL REGISTRAR **SEP 7 - 1952** REGISTRAR'S SIGNATURE **Huntington Williams, M.D.** 25. FUNERAL DIRECTOR ADDRESS **R. Fisher 700 Fleet St.**

STATEMENT OF THE
COMMISSIONER OF THE
LAND OFFICE

IN RESPONSE TO A RESOLUTION
PASSED BY THE HOUSE OF REPRESENTATIVES
ON FEBRUARY 1, 1891

AND
A RESOLUTION PASSED BY THE SENATE
ON FEBRUARY 1, 1891

RELATIVE TO THE
LANDS BELONGING TO THE STATE

AND
THEir MANAGEMENT

AND
THEir SALE

AND
THEir RENT

AND
THEir IMPROVEMENT

AND
THEir DISTRIBUTION

AND
THEir PROTECTION

AND
THEir CONSERVATION

AND
THEir REVENUE

AND
THEir INTEREST

AND
THEir FUTURE

AND
THEir HISTORY

AND
THEir PRESENT

52 8264

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 8264

Registered No.

BIRTH NO. 52-18392

1. NAME OF DECEASED
(Type or Print)

Baby Boy Smith

2. DATE
OF
DEATH

8/24/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

UNIVERSITY HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MD

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE

16-01

D. STREET ADDRESS (If rural, give location)

911 N. CAROLTON A.

C. Length of stay in Baltimore

12 Days

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

8/12/52

9. AGE (in years
last birthday)10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.

- 12

10A. USUAL OCCUPATION (Give kind of work done during most of worklog life, even if retired)

INFANT

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

JAMES SMITH

14. MOTHER'S MAIDEN NAME

-

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

FATHER

ADDRESS

Same

18. 764.5

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) DIARRHEA & DEHYDRATION
DUE TO

3 Days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO
(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

PREMATURITY

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

TIME (Month) (Day) (Year) (Hour)

INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/12/52, 1952, to 8/24, 1952, that I last saw the deceased alive on 8/24, 1952, and that death occurred at 12:00 m., from the causes and on the date stated above.

23A. SIGNATURE

Raymond A. Clemen

M. D.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

8/24/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Cremation

28 Aug 1952

Baltimore City Morgue

700 Fleet St., Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 7 - 1952

Huntington Williams, MD

R. P. Fisher

700 Fleet St.

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age		4. Date of death	
5. Place of death		6. Cause of death		7. Manner of death		8. Signature of physician	
9. Signature of registrar		10. Signature of informant		11. Signature of witness		12. Signature of coroner	
13. Signature of funeral director		14. Signature of undertaker		15. Signature of cemetery		16. Signature of burial place	
17. Signature of interment		18. Signature of burial		19. Signature of burial		20. Signature of burial	
21. Signature of burial		22. Signature of burial		23. Signature of burial		24. Signature of burial	
25. Signature of burial		26. Signature of burial		27. Signature of burial		28. Signature of burial	
29. Signature of burial		30. Signature of burial		31. Signature of burial		32. Signature of burial	
33. Signature of burial		34. Signature of burial		35. Signature of burial		36. Signature of burial	
37. Signature of burial		38. Signature of burial		39. Signature of burial		40. Signature of burial	
41. Signature of burial		42. Signature of burial		43. Signature of burial		44. Signature of burial	
45. Signature of burial		46. Signature of burial		47. Signature of burial		48. Signature of burial	
49. Signature of burial		50. Signature of burial		51. Signature of burial		52. Signature of burial	
53. Signature of burial		54. Signature of burial		55. Signature of burial		56. Signature of burial	
57. Signature of burial		58. Signature of burial		59. Signature of burial		60. Signature of burial	
61. Signature of burial		62. Signature of burial		63. Signature of burial		64. Signature of burial	
65. Signature of burial		66. Signature of burial		67. Signature of burial		68. Signature of burial	
69. Signature of burial		70. Signature of burial		71. Signature of burial		72. Signature of burial	
73. Signature of burial		74. Signature of burial		75. Signature of burial		76. Signature of burial	
77. Signature of burial		78. Signature of burial		79. Signature of burial		80. Signature of burial	
81. Signature of burial		82. Signature of burial		83. Signature of burial		84. Signature of burial	
85. Signature of burial		86. Signature of burial		87. Signature of burial		88. Signature of burial	
89. Signature of burial		90. Signature of burial		91. Signature of burial		92. Signature of burial	
93. Signature of burial		94. Signature of burial		95. Signature of burial		96. Signature of burial	
97. Signature of burial		98. Signature of burial		99. Signature of burial		100. Signature of burial	

24
52 8265BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 8265
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Malvin Tinsley</i>		2. DATE OF DEATH <i>8-23-52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Baltimore, Md.</i> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Mary Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>17-01</i>	
D. Length of stay in Baltimore		E. STREET ADDRESS (If rural, give location) <i>630 W Franklin Ave.</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Negro</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>4/5/1902</i>
9. AGE (In years last birthday) <i>50</i>		10. Under 1 Year Months: Days	11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Unemployed</i>		10B. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME <i>James Tinsley</i>		14. MOTHER'S MAIDEN NAME <i>Jeannette Christian</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Mrs. Lillian Tillery</i>		ADDRESS <i>825 Edmonson Ave</i>	

18. <i>420.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
(A) <i>Myocardial infarction</i>	DUE TO	<i>None</i>
ANTECEDENT CAUSES		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) <i>pleural effusion with partial atelectasis of right lung</i>	<i>(over)</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	<i>Removal of sequestrum</i>	<i>45 min.</i>

19A. DATE OF OPERATION <i>8/23/52</i>	19B. MAJOR FINDINGS OF OPERATION <i>Sequestrum removed from left ulna under local anesthesia</i>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <i>Aug. 15</i> , 19 <i>52</i> , to <i>Aug. 23</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>Aug. 23</i> , 19 <i>52</i> , and that death occurred at <i>10:25 A.</i> m., from the causes and on the date stated above.		
23A. SIGNATURE <i>Dr. Thomas J.</i>	23B. ADDRESS <i>University Medical School</i>	23C. DATE SIGNED <i>8-23-52</i>

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
		<i>UNIVERSITY MEDICAL SCHOOL</i>	<i>AUG 28 1952</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>SEP 1 - 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>Huntington Williams, M.D.</i> ADDRESS

See Document File 52-8265

Dr. Silverman, Director, Bureau of Tuberculosis
investigated. Full findings in memo -- in short --
"Myocardial infarction and congestive heart failure"

9/15/52 ES

23
State 52 8266' Anatomical

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 8266

BIRTH NO.

1. NAME OF DECEASED
(Type or Print) Ernest Seagquist

2. DATE OF DEATH Aug. 19, 1952

3. PLACE OF DEATH:
A. Baltimore City, Maryland Del 6

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE Md.
B. COUNTY

5. FULL NAME OF (If not in hospital or institution, give street address or location)
JOHNS HOPKINS HOSPITAL

6. LENGTH OF STAY IN BALTIMORE

7. SEX male

8. COLOR OR RACE White

9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single

10. DATE OF BIRTH Mar. 2, 1888

11. AGE (In years last birthday) 64

12. Under 1 Year Months: Days

13. Under 24 Hours Hours: Min.

14. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

15. KIND OF BUSINESS OR INDUSTRY

16. BIRTHPLACE (State or foreign country) ?

17. CITIZEN OF WHAT COUNTRY?

18. FATHER'S NAME August Seagquist

19. MOTHER'S MAIDEN NAME Maria Laron

20. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

21. SOCIAL SECURITY NO.

22. INFORMANT ADDRESS
JOHNS HOPKINS HOSPITAL

23. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
CAUSE OF DEATH
Cerebral Thrombosis
INTERVAL BETWEEN ONSET AND DEATH 6 days

24. ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(A) Arteriosclerosis
(B) Diabetes Mellitus
(C)

25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

26. DATE OF OPERATION 0

27. MAJOR FINDINGS OF OPERATION

28. AUTOPSY?
YES ☐ NO ☐

29. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

30. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

31. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

32. TIME (Month) (Day) (Year) (Hour) OF INJURY

33. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

34. HOW DID INJURY OCCUR?

35. I hereby certify that I attended the deceased from 8-12, 1952 to 8-19, 1952, that I last saw the deceased alive on 8-19, 1952 and that death occurred at 9:55 P.M., from the causes and on the date stated above.

36. SIGNATURE Frederick W. Quil

37. ADDRESS JOHNS HOPKINS HOSPITAL

38. DATE SIGNED 8-25-52

39. BURIAL, CREMATION, REMOVAL (Specify)

40. DATE 24B. DATE

41. NAME OF CEMETERY OR CREMATORY

42. LOCATION (City, town, or county) (State)

43. UNIVERSITY MEDICAL SCHOOL AUG 28 1952

44. ATE RECEIVED BY LOCAL REGISTRAR

45. REGISTRAR'S SIGNATURE Huntington Williams, M.D.

46. FUNERAL DIRECTOR

47. ADDRESS Huntington Williams, M.D.

SEP 7 - 1952

VS 150

1 9 5 2 0 0 0 8 2 6 3

450

52 8267

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHX
Registered No. 52 8267

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILL

2. DATE
OF
DEATH

AUG. 20, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

UNION MEMORIAL HOSPITAL

c. Length of stay in Baltimore

5. SEX
M6. COLOR OR RACE
W7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

1-26-1874

9. AGE (in years
last birthday)

78

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

1B. 490X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) PNEUMONIA, RIGHT LOWER LOBE

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

GENERALIZED ARTERIOSCLEROSIS

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from AUG. 12, 1952 to AUG. 20, 1952 that I last saw the
deceased alive on AUG. 20, 1952, and that death occurred at 4:55 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 7 - 1952

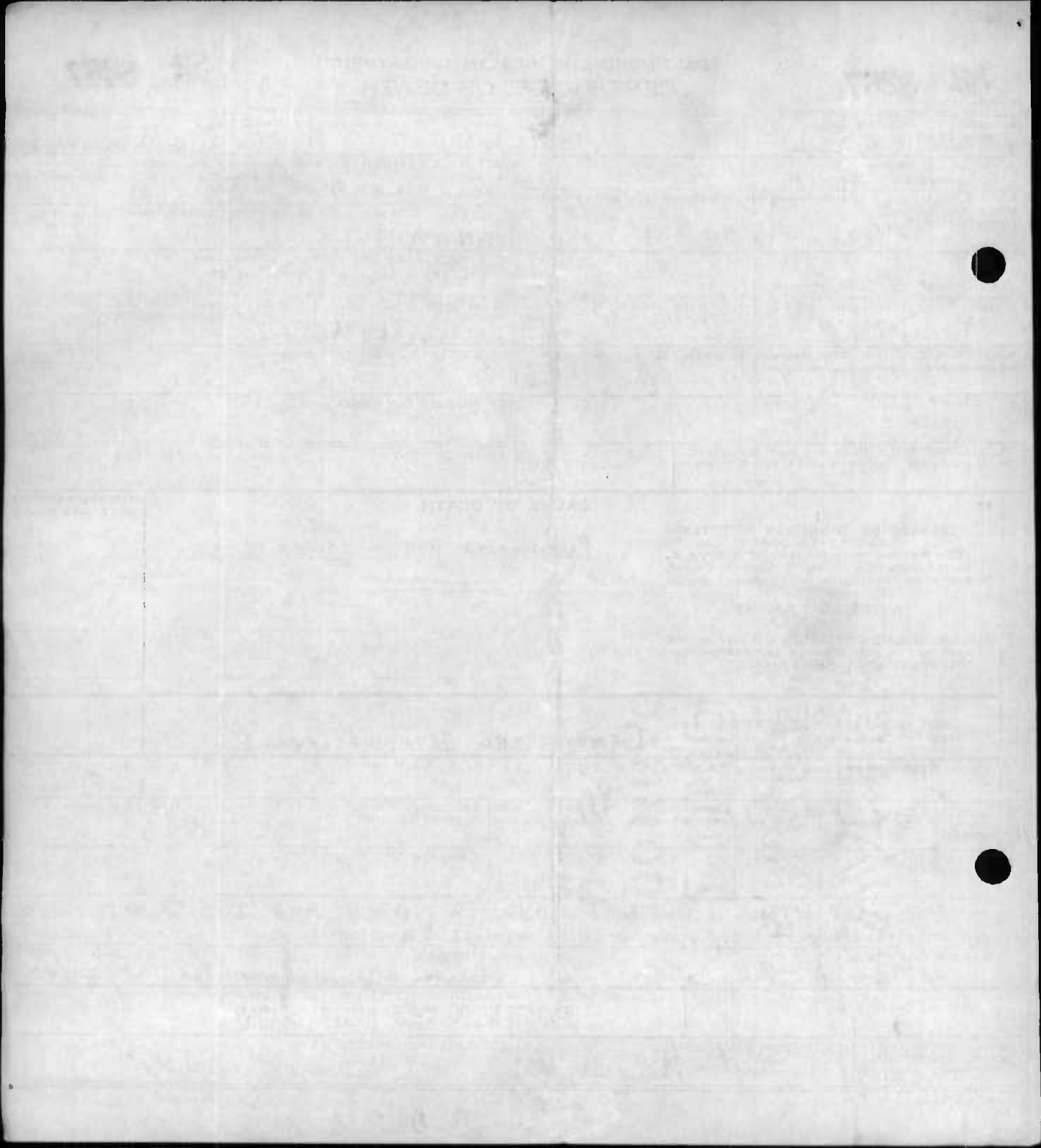
Huntington Williams, M.D.

Huntington Williams, M.D.

VS 150

19520008264

MEDICAL CERTIFICATION



240

52 8268

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 8268

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

George H. Michael

2. DATE
OF
DEATHSept 5th 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland 418 N. Linwood Ave

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Md

B. COUNTY

Baltimore

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

C. CITY OR TOWN

(If outside corporate limits, write RURAL, and give township)

Balto

6-01

D. STREET ADDRESS (If rural, give location)

418 N. Linwood Ave

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.

Male White

Married

Feb 19th 1887 6510A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

Machine St. Helper Eastern Rolling

Machine St. Helper

Md

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

Wm Michael

Mary Miller

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Yes, no or unknown

Dora Michael 418 N. Linwood Ave

18. 008 X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Tuberculosis
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Suppurative cardiac valve
DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
of Injury

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from 7/4/52, 19, to 8/5, 19, that I last saw the
deceased alive on 9/4/52, 1952, and that death occurred at 1 A. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

H. Michael, M. D.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

Sept 8 1952

Sacred Heart

German Hill Rd

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 7 - 1952

Huntington Williams, 107 Leob. B. Leob. 1701-03 N. Patterson

VS 150

54432 8265

Park Ave.

Maniere Pea 8704
Wm ~~Mania~~ 6002 Eastern Ave.

52 8269

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 8269

Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) BESSIE WOLFE		2. DATE OF DEATH 6 SEPT 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE md B. COUNTY		5. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baeto 15-13	
6. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hosp of Md		D. STREET ADDRESS (If rural, give location) 2517 Park Heights Terrace		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	
C. Length of stay in Baltimore 34 Yrs		8. DATE OF BIRTH 3/15/86		9. AGE (In years last birthday) 66 Months: 7 Days: 7	
5. SEX F 6. COLOR OR RACE W		10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) H. Wife		10B. KIND OF BUSINESS OR INDUSTRY own home	
11. BIRTHPLACE (State or foreign country) Russia		12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME Hyman Pats	
14. MOTHER'S MAIDEN NAME Sarah ??		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Mr Morris Wolfe		ADDRESS 2517 Park Heights Terrace		18. 420.1 and 260x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Congestive Failure DUE TO (A) Arteriosclerotic CVD Grade IV (B) coronary insufficiency (C) diabetes mellitus	
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		INTERVAL BETWEEN ONSET AND DEATH 9 days	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from 8/28/52 , 19 52 , to 9/6/52 , 19 52 , that I last saw the deceased alive on 9/5/52 , 19 52 , and that death occurred at 2:20 a.m. , from the causes and on the date stated above.		23A. SIGNATURE Anthony J. Di Giovanni M. D.	
23B. ADDRESS Lutheran Hosp.		23C. DATE SIGNED 6 Sept. 1952		24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24B. DATE Sept 7, 1952		24C. NAME OF CEMETERY OR CREMATORY Beth Isaac Adas Israel Cemetery		24D. LOCATION (City, town, or county) (State) Baltimore Md	
DATE RECEIVED BY LOCAL REGISTRAR SEP 7 - 1952		REGISTRAR'S SIGNATURE Huntington Williams, MD		25. FUNERAL DIRECTOR Sol Lewinson	
ADDRESS 1126 W Bus North ave					

MEDICAL CERTIFICATION

195208266

<p>1. Name of deceased</p>		<p>2. Sex</p>		<p>3. Age</p>		<p>4. Date of birth</p>		<p>5. Date of death</p>		<p>6. Place of death</p>	
<p>7. Cause of death</p>		<p>8. Immediate cause</p>		<p>9. Underlying cause</p>		<p>10. Contributing cause</p>		<p>11. Manner of death</p>		<p>12. Signature of physician</p>	
<p>13. Signature of registrar</p>		<p>14. Signature of informant</p>		<p>15. Signature of witness</p>		<p>16. Signature of funeral director</p>		<p>17. Signature of coroner</p>		<p>18. Signature of jury</p>	

530

52 8270

BALTIMORE CITY HEALTH DEPARTMENT

52 8270

BIRTH NO.

CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED
(Type or Print)

Baby Boy Smith

2. DATE
OF
DEATH

Sept 6, 1952

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Mercy Hospital

c. Length of stay in Baltimore

1 1/2 hrs.

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

Md.

B. COUNTY

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Bolto, # 23 19-03

d. STREET ADDRESS (If rural, give location)

345 S. Gilmore St.

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

Sept 5, 1952

9. AGE (In years
last birthday)If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.

14 30

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

U. S.

13. FATHER'S NAME

James Smith

14. MOTHER'S MAIDEN NAME

Mary HECKLICK

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

HOSPITAL RECORDS

18. 770.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Erythroblastosis foetalis

14 1/2 hrs

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION - None.

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

22. I hereby certify that I attended the deceased from Sept 5, 1952, to Sept 6, 1952, that I last saw the deceased alive on Sept 6, 1952, and that death occurred at 2:30 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Robert A. Moore, Jr.

M. D.

23B. ADDRESS

Mercy Hospital

23C. DATE SIGNED

9/6/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

9-8-52

24C. NAME OF CEMETERY OR CREMATORY

Mt. Olivet Cem.

24D. LOCATION (City, town, or county)

Bolto.

(State)

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

George A. Farley - Caterers Inc.

ADDRESS

VS 150

1952-0008267

MEDICAL CERTIFICATION

1. The first part of the report is a general description of the project and its objectives. This section includes a brief history of the project and a statement of the problem being addressed.

2. The second part of the report is a detailed description of the methodology used in the study. This section includes a description of the data collection methods and the statistical analysis techniques used.

3. The third part of the report is a description of the results of the study. This section includes a summary of the findings and a discussion of the implications of the results.

4. The fourth part of the report is a conclusion and a list of references. This section includes a summary of the main findings and a list of the sources used in the study.

5. The fifth part of the report is a list of appendices. This section includes a list of the supplementary materials that are provided with the report.

6. The sixth part of the report is a list of figures and tables. This section includes a list of the visual aids that are used in the report.

7. The seventh part of the report is a list of footnotes. This section includes a list of the supplementary information that is provided with the report.

8. The eighth part of the report is a list of references. This section includes a list of the sources used in the study.

9. The ninth part of the report is a list of appendices. This section includes a list of the supplementary materials that are provided with the report.

10. The tenth part of the report is a list of figures and tables. This section includes a list of the visual aids that are used in the report.

11. The eleventh part of the report is a list of footnotes. This section includes a list of the supplementary information that is provided with the report.

12. The twelfth part of the report is a list of references. This section includes a list of the sources used in the study.

13. The thirteenth part of the report is a list of appendices. This section includes a list of the supplementary materials that are provided with the report.

52 8271

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 8271

Registered No.

BIRTH NO. 50-06637

1. NAME OF DECEASED
(Type or Print)

JUDITH BRYAN (BRYAN)

2. DATE
OF
DEATH

9/6/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

UNIVERSITY HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

MARYLAND

B. COUNTY

BALTIMORE

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

(If not in hospital or institution, give street address or location)

UNIVERSITY HOSPITAL

C. CITY OR TOWN

(If outside corporate limits, write RURAL, and give township)

BALTIMORE

26-34

C. Length of stay in Baltimore

28

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

4/50

9. AGE (In years,
last birthday)

20 MONTHS

If Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

infant

10B. KIND OF BUSINESS OR
INDUSTRY

infant

13. FATHER'S NAME

MOLYNEUX BRYAN

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

USA

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

Dr. Velsner

ADDRESS

18. 204.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Hc. lymphatic leukemia

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

None

21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/2, 1952, to 9/6, 1952, that I last saw the
deceased alive on 9/6, 1952, and that death occurred at 2:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Dr. J. W. Dersher

M. D.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

9/6/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

9/8/52

24C. NAME OF CEMETERY OR CREMATORY

Roland Park

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

J. J. Stoney, M.D.

SEP 15 1952

1952008260

MEDICAL CERTIFICATION

52 8272

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 8272
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Adelbert Wojciech Buczowski</i>		2. DATE OF DEATH <i>Sept. 4/52</i>	
3. PLACE OF DEATH: <i>Baltimore City, Maryland 407 B. Chapel St.</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>2-01</i>	
5. FULL NAME OF HOSPITAL OR INSTITUTION		6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
7. Length of stay in Baltimore		8. STREET ADDRESS (If rural, give location) <i>407 B. Chapel St.</i>	
9. SEX <i>Male</i>	10. COLOR OR RACE <i>White</i>	11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	12. DATE OF BIRTH <i>1888</i>
13. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Stevenson</i>		14. AGE (In years last birthday) <i>64</i>	
15. FATHER'S NAME <i>Bartlo Buczowski</i>		16. BIRTHPLACE (State or foreign country) <i>Poland</i>	
17. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		18. CITIZEN OF WHAT COUNTRY? <i>Poland</i>	
19. SOCIAL SECURITY NO.		20. MOTHER'S MAIDEN NAME <i>Wink</i>	
21. INFORMANT <i>Katherine Buczowski</i>		22. ADDRESS <i>Wife</i>	
23. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Myocardial Insufficiency</i>		24. INTERVAL BETWEEN ONSET AND DEATH <i>2 days</i>	
25. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Carcinoma of stomach</i>		26. CAUSE OF DEATH (A) <i>Myocardial Insufficiency</i> (B) <i>Carcinoma of stomach</i> (C)	
27. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
28. DATE OF OPERATION <i>6/10/51</i>		29. MAJOR FINDINGS OF OPERATION <i>Carcinoma of stomach</i>	
30. DATE OF OPERATION <i>6/10/51</i>		31. MAJOR FINDINGS OF OPERATION <i>Carcinoma of stomach</i>	
32. 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		33. 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
34. 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		35. 21D. HOW DID INJURY OCCUR?	
36. TIME (Month) (Day) (Year) (Hour) INJURY		37. 21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
38. 22. I hereby certify that I attended the deceased from <i>1-15</i> , 1951, to <i>9-5</i> , 1952, that I last saw the deceased alive on <i>9-2</i> , 1952, and that death occurred at <i>9:15 p.m.</i> , from the causes and on the date stated above.			
39. 23A. SIGNATURE <i>John V. Szelechicki M.D.</i>		40. 23B. ADDRESS <i>1802 Eastern Ave</i>	
41. 23C. DATE SIGNED <i>9-6-52</i>		42. 24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	
43. 24B. DATE <i>Sept. 8/52</i>		44. 24C. NAME OF CEMETERY OR CREMATORY <i>Holy Rosary</i>	
45. 24D. LOCATION (City, town, or county) <i>Baltimore</i>		46. 24E. LOCATION (State) <i>Md.</i>	
47. DATE RECEIVED BY LOCAL REGISTRAR <i>SEP 7 - 1952</i>		48. REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	
49. FUNERAL DIRECTOR <i>Fred W. Ozagowski</i>		50. ADDRESS <i>940 55th St. Baltimore</i>	

1973

1973

UNITED STATES DEPARTMENT OF HEALTH
AND HUMAN SERVICES
NATIONAL CENTER FOR HUMAN GENE
RESEARCH

1973

1973

1973

1973

1973

1973

52 8273

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 8273

1. NAME OF DECEASED (Type or Print) <i>Stella Dopilek Popiolek</i>			2. DATE OF DEATH <i>9/6/52</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>South Baltimore General Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 26-09</i>		
C. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) <i>725 Grundy St</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>56</i>		9. AGE (in years last birthday) <i>56</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Machine operator</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Tailor Shop</i>		11. BIRTHPLACE (State or foreign country) <i>Poland</i>	
13. FATHER'S NAME <i>John Ramiszewski</i>			12. CITIZEN OF WHAT COUNTRY? <i>Poland</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war and dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT <i>Anna Brongoszewski</i>			ADDRESS		

18. <i>443X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH <i>Cerebral Hemorrhage</i> <i>Hypertensive Cardiovascular Disease</i>	INTERVAL BETWEEN ONSET AND DEATH
(A) DUE TO	(B) DUE TO	
(C) DUE TO		

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION <i>9/6/52</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			

22. I hereby certify that I attended the deceased from *9/6/52*, 19__, to *9/6/52*, 19__, that I last saw the deceased alive on *9/6/52*, 19__, and that death occurred at *3:46* a.m., from the causes and on the date stated above.

23A. SIGNATURE <i>W. W. Conway</i>		23B. ADDRESS <i>South Baltimore Genl Hosp.</i>		23C. DATE SIGNED	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>Sept 9/52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Holy Rosary</i>		24D. LOCATION (City, town, or county) (State) <i>Baltimore</i>	
25. LOCAL REGISTRAR <i>Huntington Williams</i>		26. FUNERAL DIRECTOR <i>Fred W. Ozaszewski</i>		ADDRESS	

8778 34

UNITED STATES DEPARTMENT OF AGRICULTURE

8778 34



24

52 8274

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 8274
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Jacob M. Bell

2. DATE
OF
DEATH

Sept. 6, 1952

3. PLACE OF DEATH:

Baltimore City, Maryland ✓

4. USUAL RESIDENCE (Where deceased lived: If institution: residence before admission)

Md.

Worcester

5. FULL NAME OF
(If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

University Hospital

C. CITY OR TOWN

Pocomoke

(If outside corporate limits, write RURAL and give township)

6. STREET ADDRESS (If rural, give location)

Route 1

7. Length of stay in Baltimore

0

8. SEX

M

9. COLOR OR RACE

W

10. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

11. DATE OF BIRTH

Aug. 5, 1909

12. AGE (In years
last birthday)

43

13. If Under 1 Year
Months Days Hours Min.14. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Farmer

15. KIND OF BUSINESS OR
INDUSTRY

Farm

16. BIRTHPLACE (State or foreign country)

Maryland

17. CITIZEN OF
WHAT COUNTRY?

U.S.

18. FATHER'S NAME

George Bell

19. MOTHER'S MAIDEN NAME

Maybelle Connor

20. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or, unknown) (If yes, give war or dates of service)

No

21. SOCIAL
SECURITY NO.

215-01-0135

22. INFORMANT

Rhea Lusk,

ADDRESS

Hyattsville, Md.

CAUSE OF DEATH

23. 231X

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Cerebral Hemorrhage

12 days

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

Sept. 6, 1952

19B. MAJOR FINDINGS OF OPERATION

Cerebral Hemorrhage, right temporal

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 5, 1952, to Sept. 6, 1952, that I last saw the
deceased alive on Sept. 6, 1952, and that death occurred at 1:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

C. E. Stennett

M.D.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

Sept. 6, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Sept. 9, 1952

24C. NAME OF CEMETERY OR CREMATORY

Rehoboth Cem

24D. LOCATION (City, town, or county)

Rehoboth, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Kenneth & Watson, Pocomoke City, Md.

ADDRESS

400
52 8275BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 8275

1. NAME OF DECEASED (Type or Print) <i>Elias F. Niehl</i>		2. DATE OF DEATH <i>SEP 7 - 1952</i>	
3. PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Pa.</i> B. COUNTY <i>V-35</i>	
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Tyrone</i>	
6. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>Rt. 1</i>	
7. SEX <i>male</i>	8. COLOR OR RACE <i>white</i>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	10. DATE OF BIRTH <i>7-1-89</i>
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>baggage handler Railroad (Pa.)</i>		12. AGE (In years last birthday) <i>63</i>	
13. FATHER'S NAME <i>John Niehl</i>		14. BIRTHPLACE (State or foreign country) <i>Bedford, Pa.</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <i>No</i>		16. CITIZEN OF WHAT COUNTRY? <i>U. S.</i>	
17. SOCIAL SECURITY NO. <i>No</i>		18. MOTHER'S MAIDEN NAME <i>Mary Whetstone</i>	
19. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <i>No</i>		20. INFORMANT ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	

18. <i>151X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Carcinomatosis, abdominal</i>	INTERVAL BETWEEN ONSET AND DEATH <i>3 months</i>
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Carcinoma of stomach</i>	<i>6 months</i>

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION <i>9/5/52</i>	19B. MAJOR FINDINGS OF OPERATION <i>Abdominal carcinomatosis</i>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <input type="checkbox"/>	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *8-26-*, 19*52*, to *9-7-*, 19*52*, that I last saw the deceased alive on *9-7-*, 19*52*, and that death occurred at *m.*, from the causes and on the date stated above.23A. SIGNATURE
Dwight C. McEwen 23B. ADDRESS
JOHNS HOPKINS HOSPITAL 23C. DATE SIGNED
9/7/52

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Interment</i>	24B. DATE <i>Sept. 7/52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Green Funeral Home</i>	24D. LOCATION (City, town, or county) (State) <i>MD</i>
---	--------------------------------	---	--

DATE RECEIVED BY LOCAL REGISTRAR <i>SEP 8 - 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, MD</i>	25. FUNERAL DIRECTOR <i>Carl B. Webster, Funeral Home Inc</i>	ADDRESS <i>3045 E. 25th St, Baltimore - 18, Md</i>
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VS 150

CERTIFICATE OF DEATH

SEP 2 1941

CAUSE OF DEATH

Coronary artery disease
 and
 atherosclerosis of the coronary arteries

DATE OF DEATH

SEP 2 1941
 TIME OF DEATH
 10:00 AM
 PLACE OF DEATH
 HOME

AGE

65

SEX

MALE

RACE

WHITE

EDUCATION

HIGH SCHOOL

530

52 8276

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 8276

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) WARREN EUGENE SMITH		2. DATE OF DEATH Sept. 5, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION 3221 Elmora Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 8-01	
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 3221 Elmora Ave.	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 27, 1924
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Meat Manager		10B. KIND OF BUSINESS OR INDUSTRY A.P. Tea Co.	9. AGE (In years last birthday) 27
11. BIRTHPLACE (State or foreign country) Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13. FATHER'S NAME Thomas R. Smith		14. MOTHER'S MAIDEN NAME Blanche Dayhoff	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Mrs. Patricia B. Smith-3221 Elmora Av.		ADDRESS	

18. 442X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral hemorrhage DUE TO 3 hrs.	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	(B) Hypertensive cardio-vascular renal disease DUE TO 15 yrs.	
19A. DATE OF OPERATION		
19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **2-13-** 19**51**, to **9-5-** 19**52**, that I last saw the deceased alive on **9-5-** 19**52**, and that death occurred at **3:15 A** m., from the causes and on the date stated above.

23. SIGNATURE Milton C. Raug	23B. ADDRESS 2117 Belair Rd C13	23C. DATE SIGNED 9-6-52
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 9/8/52	24C. NAME OF CEMETERY OR CREMATORY Pike Creek-Cemetery	24D. CITY OR TOWN, town, or county (State) Carroll County - Md.
--	----------------------------	--	---

DATE RECEIVED BY LOCAL REGISTRAR EP 8 - 1952	REGISTRAR'S SIGNATURE Huntington Williams, MD	25. FUNERAL DIRECTOR H. SANDER & SONS, Inc	ADDRESS North & Broadway-13 Md.
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VS 150

298-6A8 2 2

Denzel J. Claude

MEDICAL CERTIFICATION

CERTIFICATE OF DEATH

15 273

STATE OF NEW YORK
COUNTY OF ALBANY

DECEASED

NAME OF DECEASED

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

SIGNATURE OF PHYSICIAN

SIGNATURE OF MINISTER OF THE GOSPEL

SIGNATURE OF JUDGE OF THE SURVIVORS

SIGNATURE OF JUDGE OF THE DEEDS

SIGNATURE OF JUDGE OF THE RECORDS

SIGNATURE OF JUDGE OF THE TAXES

SIGNATURE OF JUDGE OF THE ELECTIONS

SIGNATURE OF JUDGE OF THE JURY

52 8277

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 8277
Registered No. _____

BIRTH NO.

NAME OF DECEASED (Type or Print) ARDIE WILLIAM GREGORY		2. DATE OF DEATH 9/7/52	
1. PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
5. FULL NAME OF (If not in hospital or institution, give street address or location) Union Memorial Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
6. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 3218 Harford Road,	
7. SEX Male	8. COLOR OR RACE White	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	10. DATE OF BIRTH Aug 16, 1903
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dentist		12. KIND OF BUSINESS OR INDUSTRY West Virginia	
13. FATHER'S NAME Isaac Gregory		14. MOTHER'S MAIDEN NAME Hannie Dodrill	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) Yes, no or unknown		16. SOCIAL SECURITY NO. Marie E. Gregory - 3218 Harford Road	
17. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Myocardial Infarction		18. CAUSE OF DEATH Anteriosclerotic Cardiovascular disease	
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		20. INTERVAL BETWEEN ONSET AND DEATH	
21. DATE OF OPERATION 9/11/52		22. MAJOR FINDINGS OF OPERATION	
23. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21A. TIME (Month) (Day) (Year) (Hour) INJURY		24. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21B. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK	
25. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 21C. HOW DID INJURY OCCUR?		26. I hereby certify that I attended the deceased from 8/14 , 19 52 , to 9/7 , 19 52 , that I last saw the deceased alive on 9/7 , 19 52 , and that death occurred at 10³⁵ m., from the causes and on the date stated above.	
27. SIGNATURE Wacnacraft		28. ADDRESS Union Memorial Hosp	
29. BURIAL, CREMATION, REMOVAL (Specify) Burial		30. DATE 9/11/52	
31. NAME OF CEMETERY OR CREMATORY Druid Ridge		32. LOCATION (City, town, or county) (State) Balt. Md	
33. DATE RECEIVED BY LOCAL REGISTRAR SEP 8 - 1952		34. REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
35. FUNERAL DIRECTOR Leonard Ruck		36. ADDRESS 5305 Harford Rd	

1952

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1952

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HEREIN IS UNCLASSIFIED

36
AB-162429BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 8278
Registered No.

BIRTH NO. 52 8278

1. NAME OF DECEASED (Type or Print) George Albert Walter			2. DATE OF DEATH Sept. 7-1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE Baltimore City Hospitals 4940 Eastern Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-07		
c. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 2913 Kildair Drive zone 14		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 27-1878	9. AGE (in years last birthday) 73	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Community Ice Co. Engineers			11. BIRTHPLACE (State or foreign country) Maryland		
13. FATHER'S NAME John P. Walter			12. CITIZEN OF WHAT COUNTRY? U.S.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			14. MOTHER'S MAIDEN NAME Ottillie (Ottillie) HAMILL		
16. SOCIAL SECURITY NO.			17. INFORMANT Baltimore City Hospitals Records: 4940 Eastern Ave.		

18. 163X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma of lung DUE TO ANTECEDENT CAUSES Metastases heart disease DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH 6Mo
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19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	21F. HOW DID INJURY OCCUR?	
21E. INJURY OCCURRED TIME (Month) (Day) (Year) (Hour) INJURY	WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			

22. I hereby certify that I attended the deceased from **8-26-**, **1952**, to **9-7-**, **1952**, that I last saw the deceased alive on **9-7-**, **1952**, and that death occurred at **3.30A** m., from the causes and on the date stated above.

23A. SIGNATURE [Signature]	23B. ADDRESS 4940 Eastern Ave., Baltimore, Md.	23C. DATE SIGNED 9-7-1952
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 9/10/52	24C. NAME OF CEMETERY OR CREMATORY Moreland Park	24D. LOCATION (City, town, or county) (State) Balt Md
DATE RECEIVED BY LOCAL REGISTRAR SEP 8 - 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR L. J. Kuck	ADDRESS 5305 Harford Rd

8732 58

STATE OF NEW YORK
COUNTY OF ...

8732 58

In the ...

...

...

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...

...

...

...

...

...

52 8279

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 8279
Registered No.1. NAME OF DECEASED
(Type or Print)

JOHN WM DAY

2. DATE
OF
DEATH

9/6/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

BALTO CITY HOSP

Yrs.
Mos.
Days4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

D. STREET ADDRESS (If rural, give location)

1817 East Avenue

C. Length of stay in Baltimore

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

single

8. DATE OF BIRTH

July 4 - 1902

9. AGE (In years
last birthday)

50

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Supv Chicago Pipe & Pipe F.

10B. KIND OF BUSINESS OR
INDUSTRY

PLUMBING SUPP. (N)

11. BIRTHPLACE (State or foreign country)

Tennessee

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Robert Day

14. MOTHER'S MAIDEN NAME

Emma Bacon

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

Mr. Berlie Day - East Ave

ADDRESS

18. 420.0 and 260X
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

CAUSE OF DEATH

(A) ARTERIO SCLEROTIC

DUE TO HEART DISEASE

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

DIABETES MELLITUS

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

I certify that I took charge of the remains described above, held an Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. E. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

9/7/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

9/11/52

24C. NAME OF CEMETERY OR CREMATORY

Oaklawn Cem.

24D. LOCATION (City, town, or county)

Balto Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

L. J. Ruck

ADDRESS

5305 Harford Rd

0752

0752 50



52 8280

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 8280
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

KATHERINE D. KLAUNBERG

2. DATE
OF
DEATH

SEPT, 5, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. FULL NAME OF
(If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

2919 Kirk Avenue

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2919 Kirk Avenue

5. Length of stay in Baltimore

Yrs.
Mos.
Days

6. SEX

Female

7. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

single

8. DATE OF BIRTH

Oct. 22, 1892

9. AGE (in years
last birthday)

59

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Clothing Operator

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

William H. Klaunberg

14. MOTHER'S MAIDEN NAME

Rose Cosgrove

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Charles E. Waggner, 2919 Kirk

18. 420.1 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Coronary Thrombosis

INTERVAL BETWEEN
ONSET AND DEATH

1 day

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) DUE TO
(C) AT WORKArteriosclerotic Cardio
Vascular Disease23-March
1946II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 23-March, 1946, to 5-Sept, 1952, that I last saw the
deceased alive on 5-Sept, 1952, and that death occurred at 8 P m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Charles W. Edmunds

M. D.

2746 The Alameda

6-Sept-1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

9/9/52

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 8 - 1952

Huntington Wil.

Leonard J. Ruck

5305 Harford Road

52 8281

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 8281

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARY

HUTCHISON

2. DATE
OF
DEATH

Sept. 6, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

5723 Nasco Place

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

5723 Nasco Place

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

MAR. 4-1867

9. AGE (In years last birthday)

85

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

at home

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

ENGLAND

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

John Bullock

14. MOTHER'S MAIDEN NAME

Agnes

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS 5723
MRS. BRADLEY DAVIDSON - NASCO PL.

18. 422.2

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A)
DUE TO

Bronchitis - Pneumonia

2 wks.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TOMyocardial Disease & Hypertension
Cholesterol

1 hr.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

none

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 8/24/52, 19, to 9-6-52, 19, that I last saw the deceased alive on 9/4/52, 19, and that death occurred at 12:05 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

9/9/52

OAKLAWN CEM

BALTO

Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 8 - 1952

Huntington Williams, Jr.

Leonard J. Ruck,

5305 Harford Rd.

STATE OF TEXAS
DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

2003. 4. 1902

NAME OF DECEASED
PLACE OF DEATH

2003. 4. 1902

20
52 8282

GEORGE
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 8282
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) George, Malcolm V.

2. DATE OF DEATH Sept. 5, 1952

3. PLACE OF DEATH: Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY Anne Arundel

5. FULL NAME OF HOSPITAL OR INSTITUTION South Baltimore General Hospital

6. COLOR OR RACE Male White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH 11/18/1882

9. AGE (in years last birthday) 69

10. KIND OF BUSINESS OR INDUSTRY Retired Foreman Crown Cork Seal Co. Inc. (Baltimore)

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? United States

13. FATHER'S NAME Ira George

14. MOTHER'S MAIDEN NAME Estelle Patterson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. Mrs. Jeannette Born-Annapolis

17. INFORMANT Mrs. Jeannette Born-Annapolis

18. 420.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Myocardial Infarction (B) Coronary Artery Disease (C) Malnutrition

19. DATE OF OPERATION 0

19a. DATE OF OPERATION 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 31, 1952, to Sept. 5, 1952, that I last saw the deceased alive on Sept. 5, 1952, and that death occurred at 8:00 A.M., from the causes and on the date stated above.

23. SIGNATURE W. M. Conway

23a. SIGNATURE W. M. Conway

23b. ADDRESS South Balto Genl Hosp.

23c. DATE SIGNED

24. BURIAL, CREMATION, REMOVAL (Specify) Burial

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 9/8/52

24c. NAME OF CEMETERY OR CREMATORY Parkwood

24d. LOCATION (City, town, or county) (State) Balto Md

25. FUNERAL DIRECTOR

25a. FUNERAL DIRECTOR

25b. ADDRESS 5305 Hayford Rd

VS 150

8773

87

RECEIVED

1950

1950

RECEIVED

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RECEIVED

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52 8283

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 8283

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Phillip Seidel

2. DATE
OF
DEATH

September 7, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Sindi Hospital of Baltimore Inc.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

2104 East Fairmount Ave

5. Length of stay in Baltimore

39

Yrs.
Mos.
Days

6. SEX

M

7. COLOR OR RACE

W

8. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

9. DATE OF BIRTH

10. AGE (in years
last birthday)11. Under 1 Year
Months: Days12. Under 24 Hours
Hours: Min.

62

10A. USUAL OCCUPATION (Give kind of
work done during last of working life even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

retired

Produce

11. BIRTHPLACE (State or foreign country)

Ruth

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Naron

prop.

14. MOTHER'S MAIDEN NAME

Ella

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Anna Seidel - Same

18. 331X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

Cerebrovascular accident

3 days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Arteriosclerosis

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from September 4, 1952 to September 7, 1952 that I last saw the
deceased alive on September 7, 1952 and that death occurred at 2:25 pm., from the causes and on the date stated above.

23A. SIGNATURE

Myra Frie

M. D.

23B. ADDRESS

Sindi Hospital

23C. DATE SIGNED

September 7, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 8 - 1952

Huntington Williams, M.D.

Jack Lewis, Jr. 2100 Canton Pl

VS 150

MEDICAL CERTIFICATION

1957 57

OFFICE OF THE
DIRECTOR OF THE
BUREAU OF THE
CENSUS

1957 57

1957



U.S. DEPARTMENT OF COMMERCE
BUREAU OF ECONOMIC ANALYSIS
WASHINGTON, D.C. 20540



436
52 8284BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 8284

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

DAVID-ALEXANDER-HOLDER

2. DATE
OF
DEATH

Sept 7-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland 237 Mallow Hill Road

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
A. STATE B. COUNTY before admission)

Md

Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

423 Academy Road

Length of stay in Baltimore

37

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Mar 25, 1879

9. AGE (in years
last birthday)

73

H Under 1 Year

Months: Days

H Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Elec. Operating Engineer - Edgewood Arsenal Va.

10B. KIND OF BUSINESS OR
INDUSTRY

CINEMA (M)

11. BIRTHPLACE (State or foreign country)

Va.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

George Holder

14. MOTHER'S MAIDEN NAME

Susan E. Wright

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

Yes Spanish American

16. SOCIAL
SECURITY NO.

None

17. INFORMANT

Altie Holder

ADDRESS

423 Academy Road

18. 422.1 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asphyxia, etc. It means the disease,
injury or complication which caused death.)

(A) Arteriosclerotic C-V Disease

unknown

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Anemia, Chronic, severe, cause unknown 1 year

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1950, to Sept 7, 1952, that I last saw the
deceased alive on Sept 6, 1952 and that death occurred at 4 p. m., from the causes and on the date stated above.

23A. SIGNATURE

J. L. Gaver

M. D.

23B. ADDRESS

1 Mallow Hill Ave

23C. DATE SIGNED

9/7/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Sept 9-1952

24C. NAME OF CEMETERY OR CREMATORY

Baltimore National

24D. LOCATION (City, town, or county)

Baltimore

(State)

Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

John F. Trefel

ADDRESS

5311 Edmondson Ave

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40		52 8285		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		Registered No. 52 8285	
1. NAME OF DECEASED (Type or Print) MR. TOLLIE EDGAR BOSLEY				2. DATE OF DEATH SEPT. 6, 1952			
3. PLACE OF DEATH: Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY BALTIMORE			
5. FULL NAME OF HOSPITAL OR INSTITUTION UNION MEMORIAL HOSPITAL				6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) TOWSON 4 5355			
7. Length of stay in Baltimore 3 1/2 Yrs. Mos. Days				8. STREET ADDRESS (If rural, give location) BOX 25 PROVIDENCE ROAD			
9. SEX MALE		10. COLOR OR RACE WHITE		11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		12. DATE OF BIRTH OCT. 23 1885 66	
13. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ENGINE MAN		14. KIND OF BUSINESS OR INDUSTRY P. A. R. R.		15. BIRTHPLACE (State or foreign country) MARYLAND		16. CITIZEN OF WHAT COUNTRY? U. S. A.	
17. FATHER'S NAME MR. NOAH BOSLEY				18. MOTHER'S MAIDEN NAME VIOLET HARRIS			
19. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) No		20. SOCIAL SECURITY NO.		21. INFORMANT MRS. NETTA BOSLEY (WIFE)		22. ADDRESS SAME	
23. 157X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH Carcinoma head of pancreas with metastases to liver. INTERVAL BETWEEN ONSET AND DEATH							
24. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
25. 19A. DATE OF OPERATION ✓		26. 19B. MAJOR FINDINGS OF OPERATION				27. 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
28. 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		29. 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		30. 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
31. 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		32. 21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		33. 21F. HOW DID INJURY OCCUR?			
34. 22. I hereby certify that I attended the deceased from SEPT 1, 1952, to SEPT. 6, 1952, that I last saw the deceased alive on SEPT 6, 1952, and that death occurred at 5:00 P. m., from the causes and on the date stated above.							
35. 23. SIGNATURE Jesse D. Hubbard		36. 23B. ADDRESS Union Memorial Hosp.		37. 23C. DATE SIGNED Sept 6, 1952			
38. 24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		39. 24B. DATE 9/9/52		40. 24C. NAME OF CEMETERY OR CREMATORY Wesley Chapel Meth		41. 24D. LOCATION (City, town, or county) (State) Carroll Co. Md	
42. 25. DATE RECEIVED BY LOCAL REGISTRAR 08-1952		43. REGISTRAR'S SIGNATURE Huntington Williams, M.D.		44. 25. FUNERAL DIRECTOR Lassahn Funeral Home		45. ADDRESS 7401 Belair Rd 54138 Lassahn Funeral Home	

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20.
52 8286
AB-48164

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 8286

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Annie E. Jones			2. DATE OF DEATH Sept. 5- 1952		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE Maryland b. COUNTY		
b. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Ave.			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 26-12		
c. Length of stay in Baltimore 95yrs			d. STREET ADDRESS (If rural, give location) 4940 Eastern Ave., Baltimore City Hospitals		
5. SEX Female	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct. 4- 1842	9. AGE (in years last birthday) 109	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) A.W.			10B. KIND OF BUSINESS OR INDUSTRY		
13. FATHER'S NAME John Smith			14. MOTHER'S MAIDEN NAME Rosetta Hooper		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT Baltimore City Hospitals Records: 4940 Eastern Ave.			ADDRESS		

18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Hypertensive Cardio Vascular Disease DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH Hypertensive Cardio Vascular Disease DUE TO INTERVAL BETWEEN ONSET AND DEATH 20YRS
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19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	21F. HOW DID INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			

22. I hereby certify that I attended the deceased from **9-8-**, 19**39**, to **9-5-**, 19**52** that I last saw the deceased alive on **9-5-**, 19**52**, and that death occurred at **6.10Pm.**, from the causes and on the date stated above.

23A. SIGNATURE <i>[Signature]</i>	23B. ADDRESS 4940 Eastern Ave., Baltimore, Md.	23C. DATE SIGNED 9-6-52
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Sept. 10-52	24C. NAME OF CEMETERY OR CREMATORY Mt Auburn	24D. LOCATION (City, town, or county) (State) Baltimore Md.
--	---------------------------------	--	---

DATE RECEIVED BY LOCAL REGISTRAR SEP 8 1952	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR Holland Funeral Home	ADDRESS 1631 - David Hill Ave
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DEPARTMENT OF HEALTH
BIRMINGHAM, ALA.
CERTIFICATE OF DEATH

1935-1-10

John Jones

White

John Jones

John Jones

John Jones

John Jones

John Jones

John Jones

John Jones

John Jones

John Jones

John Jones

John Jones

John Jones

John Jones

John Jones

John Jones

John Jones

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 8287

BIRTH NO. 52 8287

1. NAME OF DECEASED
(Type or Print)

Elizabeth Heinemann

2. DATE

OF

DEATH

Sept. 5, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

1943 Sponson St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

1943 Sponson St.

C. Birth of stay in Baltimore

65 yrs.

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

1876
Aug. 24, (1877)

9. AGE (In years last birthday)

(75) 76

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

George Bachmann

14. MOTHER'S MAIDEN NAME

Katherine Weigand

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)

no

none

16. SOCIAL SECURITY NO.

none

17. INFORMANT

ADDRESS

Edward A. Heinemann 1943 Sponson St.

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Acute congestive heart failure

1 day

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Arteriosclerotic Hypertensive CVD

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Sept 5, 1952, to Sept 5, 1952, that I last saw the deceased alive on Sept 5, 1952, and that death occurred at 12:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

25A. RECEIVED BY LOCAL REGISTRAR

25B. REGISTRAR'S SIGNATURE

25C. FUNERAL DIRECTOR

ADDRESS

SEP 8 - 1952

Sept. 8, 1952 Meadowridge Cemetery Washington Blvd. Balto. Md.

KRAUSE FUNERAL HOME 1216S. Charles St. Balto. 30 Md.

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 8288
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) LAURA VIRGINIA RUHL			2. DATE OF DEATH Sept. 5, 1952		
3. PLACE OF DEATH: Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY _____		
5. FULL NAME OF (If not in hospital or institution, give street address or location) 2913 Westwood Ave.			6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
7. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			8. STREET ADDRESS (If rural, give location) 2913 Westwood Ave.		
9. SEX Female	10. COLOR OR RACE white	11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	12. DATE OF BIRTH Sept. 2, 1874		13. AGE (In years last birthday) 78
14. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife			15. KIND OF BUSINESS OR INDUSTRY at home		16. BIRTHPLACE (State or foreign country) Maryland
17. FATHER'S NAME Linder			18. MOTHER'S MAIDEN NAME Fannie Murphy		
19. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) -			20. SOCIAL SECURITY NO. _____		
21. INFORMANT Mr. C. Vernon Ruhl - 2913 Westwood Ave.			22. ADDRESS _____		

15. 331X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 2 days
16. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. General Tuberculosis		
17. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Sclerosis		

18. DATE OF OPERATION none		19. MAJOR FINDINGS OF OPERATION ✓		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input checked="" type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) ✓		21C. WHERE DID INJURY OCCUR? ✓	
21D. TIME (Month) (Day) (Year) (Hour) ✓		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? ✓	

22. I hereby certify that I attended the deceased from **July 7, 1952** to **Sept 5, 1952** that I last saw the deceased alive on **Sept 5, 1952** and that death occurred at **6:30 p.m.** from the causes and on the date stated above.

23. SIGNATURE **John H. Harnack** M.D. 23B. ADDRESS **1219 Bayview Blvd. 9/6/52**

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 9/8/52	24C. NAME OF CEMETERY OR CREMATORY Western Cem.	24D. LOCATION (City, town, or county) (State) Balto., Md.
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DATE RECEIVED BY LOCAL REGISTRAR SEP 8 - 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Wm. J. Tichner & Sons	ADDRESS Balto. 17 Md.
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UNITED STATES DEPARTMENT OF AGRICULTURE

OFFICE OF THE SECRETARY

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52 8289

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 8289

1. NAME OF DECEASED (Type or Print) <i>Matilda Dorsey</i>		2. DATE OF DEATH <i>9-7-52</i>	
3. PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Bd.</i> B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>Bar. Wil-Ba Convalescent Home</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 27-15</i>	
6. LENGTH OF stay in Baltimore <i>Life</i>		D. STREET ADDRESS (If rural, give location) <i>2101 Coldspring home</i>	
7. SEX <i>F</i>	8. COLOR OR RACE <i>Negro</i>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	10. DATE OF BIRTH <i>July 15 1886</i>
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		12. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME <i>John Dorsey</i>		14. MOTHER'S MAIDEN NAME <i>Anna Peckman</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Rhodes Nelson</i>		ADDRESS	
18. <i>331X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Cerebral Hemorrhage</i> ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Arteriosclerosis</i> II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION <i>9-5-52</i>		19B. MAJOR FINDINGS OF OPERATION	
20A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		20B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		20D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
20E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20F. HOW DID INJURY OCCUR?	
21. I hereby certify that I attended the deceased from <i>9-5-52</i> , 1952, to <i>9-7-52</i> , 1952, that I last saw the deceased alive on <i>9-7-52</i> , 1952, and that death occurred at <i>9:10 a.m.</i> , from the causes and on the date stated above.			
22A. SIGNATURE <i>Gilbert L. Bonfield M.O.</i>		22B. ADDRESS <i>742 N. Fulton Ave</i>	
22C. DATE SIGNED <i>9-7-52</i>		23. NAME OF CEMETERY OR CREMATORY	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Sept 10, 1952</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Mt. Calvary Cem.</i>		24D. LOCATION (City, town, or county) (State) <i>A. A. County Md.</i>	
25. DATE RECEIVED BY LOCAL REGISTRAR <i>P8-1952</i>		25. REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	
26. FUNERAL DIRECTOR <i>Mrs. Robert A. Elliott & Daugh</i>		ADDRESS <i>1129 N. Caroline St.</i>	

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52 8290
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 8290
Registered No.

1. NAME OF DECEASED (Type or Print) ROGER LOCKETT		2. DATE OF DEATH September 3, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
5. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) Johns Hopkins Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
6. LENGTH OF STAY IN BALTIMORE 35 yrs		D. STREET ADDRESS (If rural, give location) 1635 Ellsworth Street	
7. SEX Male	8. COLOR OR RACE Colored	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	10. DATE OF BIRTH 4-10-1896
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		12. AGE (In years last birthday) 56	13. CITIZEN OF WHAT COUNTRY? U. S. A.
14. FATHER'S NAME Robert Lee Lockett		15. BIRTHPLACE (State or foreign country) Steeleburg, Cedar Ave Prospect, Virginia	
16. MOTHER'S MAIDEN NAME Eliza Johnson		17. INFORMANT Elizabeth Lockett	
18. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) yes		19. SOCIAL SECURITY NO. 212-09-1477	
20. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cirrhosis of the liver		21. INTERVAL BETWEEN ONSET AND DEATH	
22. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Hepatoma		23. CAUSE OF DEATH	
24. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		25. MEDICAL CERTIFICATION	
26. DATE OF OPERATION 9-8-1952		27. MAJOR FINDINGS OF OPERATION	
28. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		29. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.	
30. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		31. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
32. TIME (Month) (Day) (Year) (Hour) OF INJURY		33. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
34. HOW DID INJURY OCCUR?		35. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .	
36. SIGNATURE William V. Smith		37. CHIEF MEDICAL EXAMINER Randolph J. Collick	
38. DATE 9-8-1952		39. DATE SIGNED Sept. 4, 1952	
40. NAME OF CEMETERY OR CREMATORY Balto. Nat. Cemetery		41. LOCATION (City, town, or county) (State) Baltimore, Maryland	
42. FUNERAL DIRECTOR Randolph J. Collick		43. ADDRESS 1412 E. Preston St.	

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314

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **52 8291**BIRTH NO. **52 8291**

1. NAME OF DECEASED (Type or Print) THERESA STIEBEL		2. DATE OF DEATH 9-5-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland BALTO		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE MD B. COUNTY MD	
5. FULL NAME OF HOSPITAL OR INSTITUTION Levindale Home		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bald Md 14-01	
6. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location)	
7. SEX Female	8. COLOR OR RACE White	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	10. DATE OF BIRTH July 14 1865
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Work		12. AGE (In years last birthday) 87	
13. FATHER'S NAME Mendel G Stiebel		14. MOTHER'S MAIDEN NAME Hannah	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. Levindale Home Behavior 101	
18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH Chronic cardiovascular disease	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		INTERVAL BETWEEN ONSET AND DEATH years	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		Paget's disease years	
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDER- Lying <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) 0	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 12-11 , 19 49 to 9-5 , 19 52 that I last saw the deceased alive on 9-5 , 19 52 and that death occurred at 10 p.m. , from the causes and on the date stated above.			
23A. SIGNATURE Henry Nagel		23B. ADDRESS Levindale Home	
23C. DATE SIGNED 9-5-52			
24A. BURIAL, CREMA- TION, REMOVAL (Specify) Burial	24B. DATE 9/8/52	24C. NAME OF CEMETERY OR CREMATORY Shelb Shalom Cemetery	24D. LOCATION (City, town, or county) (State) MD
25. FUNERAL DIRECTOR Huntington Williams, MD		ADDRESS David P. Martin 1702 Eutaw place	

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52 8292BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 8292
Registered No.

1. NAME OF DECEASED (Type or Print) CHARLES Henry BRUNE		2. DATE OF DEATH SEPT. 4, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY 9-06	
B. FULL NAME OF (If not in hospital or institution, give street address or location) MARYLAND GENERAL HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE	
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1907 E 28th St.	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH DEC. 27 1864
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED ?		10B. KIND OF BUSINESS OR INDUSTRY ?	9. AGE (In years last birthday) 87
11. BIRTHPLACE (State or foreign country) BALTIMORE MD.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME UNKNOWN		14. MOTHER'S MAIDEN NAME UNKNOWN	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) UNKNOWN		16. SOCIAL SECURITY NO.	
17. INFORMANT Mrs. Catherine Brune		ADDRESS	

18. **422.1 and 153x** CAUSE OF DEATH **1907 East 28th. St.** INTERVAL BETWEEN ONSET AND DEATHDISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) **BRONCHO PNEUMONIA****45 DAYS**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

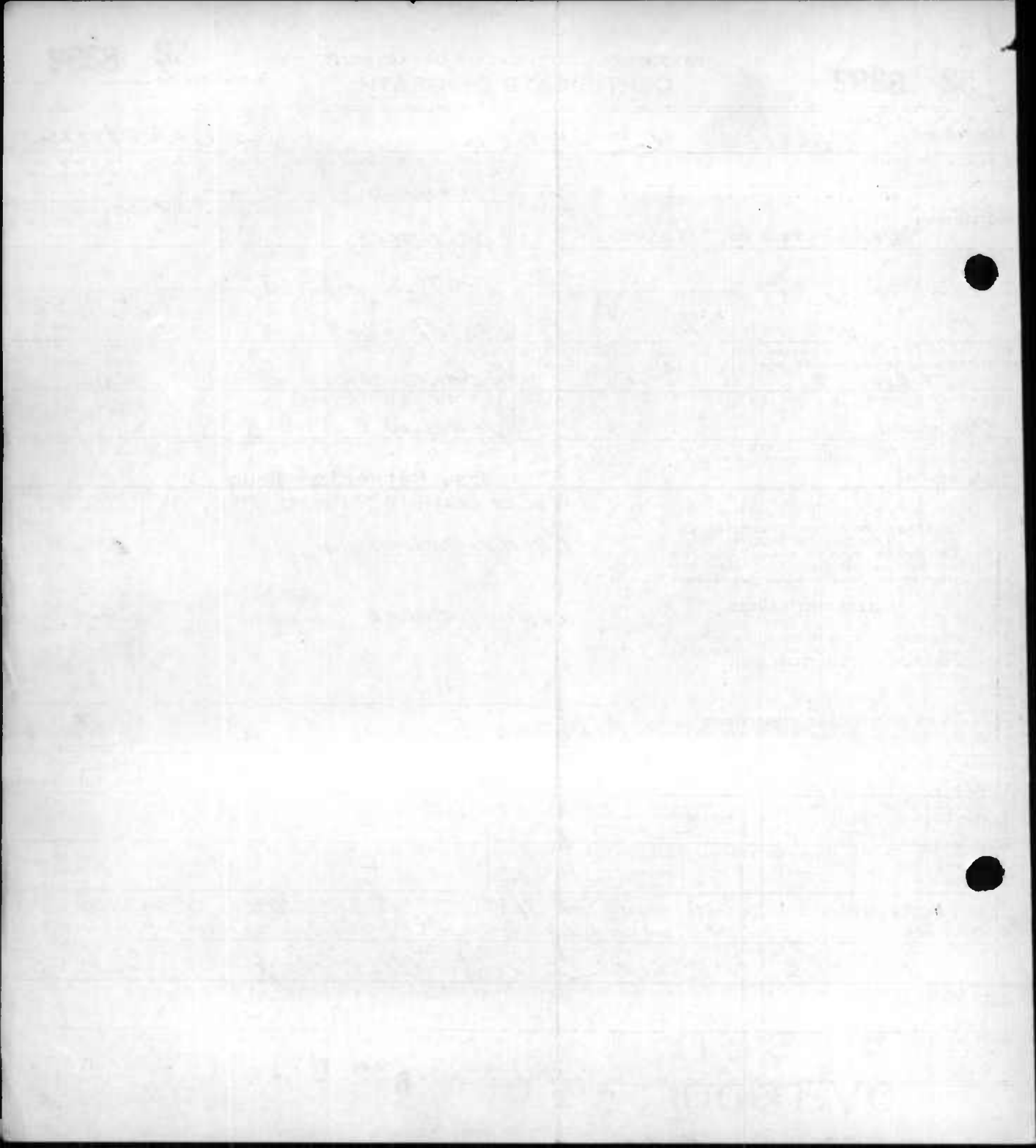
(B) **CARDIOVASCULAR COLLAPSE****20 DAYS**II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.(C) **CARCINOMA ASCENDING COLON****3-4 MONTHS**

19A. DATE OF OPERATION AUG. 20 1952		19B. MAJOR FINDINGS OF OPERATION CA. ASCENDING COLON (OBSTRUCTED)		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **7/29**, 1952, to **9/4**, 1952 that I last saw the deceased alive on **9/4**, 1952, and that death occurred at **6:00 P.m.**, from the causes and on the date stated above.

23A. SIGNATURE John A. Mitchell M.D.	23B. ADDRESS Md. Gen. Hosp.	23C. DATE SIGNED Sept 4 '52
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Sept. 8-1952	24C. NAME OF CEMETERY OR CREMATORY Baltimore Cem.	24D. LOCATION (City, town, or county) (State) Baltimore Md.
DATE RECEIVED BY LOCAL REGISTRAR SEP 8 - 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Mamie Cook Soper	ADDRESS 1600 W. North Ave



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 8293
Registered No.

160
52 8293
BIRTH NO.

1. NAME OF DECEASED (Type or Print) William L. Shaffer, Sr.			2. DATE OF DEATH 9/6/52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE md. B. COUNTY 25-43		
B. FULL NAME OF HOSPITAL OR INSTITUTION 2524 Washington Blvd.			C. CITY OR TOWN (If outside corporate limits, write full name and give township) Balto		
C. Length of stay in Baltimore Yrs. Mos. Days 2524 Washington Blvd.			D. STREET ADDRESS (If rural, give location)		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 2/9/1896		9. AGE (In years last birthday) 56
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Body Repairman		10B. KIND OF BUSINESS OR INDUSTRY Balto Transit Co.	11. BIRTHPLACE (State or foreign country) md.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Wm L. Shaffer 1319 W. 41st St.	

18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hypertensive Heart Disease		INTERVAL BETWEEN ONSET AND DEATH
(A) DUE TO		
(B) DUE TO		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	

I certify that I took charge of the remains described above, held an **Inspection** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE [Signature]		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED 9/7/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 9/9/52		24C. NAME OF CEMETERY OR CREMATORY Wesley Chapel	
DATE RECEIVED BY LOCAL REGISTRAR SEP 8 - 1952		REGISTRAR'S SIGNATURE Huntington Williams, MD		25. FUNERAL DIRECTOR ADDRESS Paul E. Schenck, 3615-17 Chestnut Ave	

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CERTIFICATE OF DEATH

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Name of Deceased		Date of Death	
Age		Sex	
Place of Birth		Cause of Death	
Occupation		Signature of Physician	
Signature of Registrar		Signature of Coroner	
Date of Burial		Place of Burial	
Name of Burial Place		Signature of Minister	
Signature of Witnesses		Signature of Undertaker	
Signature of Family		Signature of Friends	
Signature of Neighbors		Signature of Community	
Signature of Church		Signature of Society	
Signature of Association		Signature of Union	
Signature of League		Signature of Order	
Signature of Lodge		Signature of Chapter	
Signature of Temple		Signature of Shrine	
Signature of Hall		Signature of Room	
Signature of Building		Signature of Structure	
Signature of Foundation		Signature of Framework	
Signature of Support		Signature of Base	
Signature of Pillar		Signature of Column	
Signature of Post		Signature of Pole	
Signature of Beam		Signature of Joist	
Signature of Lath		Signature of Plaster	
Signature of Brick		Signature of Stone	
Signature of Mortar		Signature of Cement	
Signature of Concrete		Signature of Steel	
Signature of Iron		Signature of Copper	
Signature of Lead		Signature of Zinc	
Signature of Tin		Signature of Nickel	
Signature of Silver		Signature of Gold	
Signature of Platinum		Signature of Palladium	
Signature of Iridium		Signature of Rhodium	
Signature of Rhenium		Signature of Ruthenium	
Signature of Cobalt		Signature of Nickel	
Signature of Iron		Signature of Steel	
Signature of Aluminum		Signature of Magnesium	
Signature of Calcium		Signature of Sodium	
Signature of Potassium		Signature of Lithium	
Signature of Beryllium		Signature of Boron	
Signature of Carbon		Signature of Nitrogen	
Signature of Oxygen		Signature of Fluorine	
Signature of Chlorine		Signature of Sulfur	
Signature of Phosphorus		Signature of Arsenic	
Signature of Selenium		Signature of Tellurium	
Signature of Manganese		Signature of Chromium	
Signature of Vanadium		Signature of Zirconium	
Signature of Niobium		Signature of Molybdenum	
Signature of Technetium		Signature of Ruthenium	
Signature of Rhodium		Signature of Palladium	
Signature of Silver		Signature of Cadmium	
Signature of Indium		Signature of Tin	
Signature of Lead		Signature of Bismuth	
Signature of Polonium		Signature of Astatine	
Signature of Francium		Signature of Radium	
Signature of Actinium		Signature of Thorium	
Signature of Protactinium		Signature of Uranium	
Signature of Neptunium		Signature of Plutonium	
Signature of Americium		Signature of Curium	
Signature of Berkelium		Signature of Californium	
Signature of Einsteinium		Signature of Fermium	
Signature of Mendelevium		Signature of Nobelium	
Signature of Lawrencium		Signature of Rutherfordium	
Signature of Dubnium		Signature of Seaborgium	
Signature of Bohrium		Signature of Hassium	
Signature of Meitnerium		Signature of Darmstadtium	
Signature of Roentgenium		Signature of Copernicium	
Signature of Nihonium		Signature of Flerovium	
Signature of Tennessine		Signature of Oganesson	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 8294
Registered No.

52 8294

1. NAME OF DECEASED Type or Print) <i>Harry Lee</i>			2. DATE OF DEATH <i>9/7/52</i>		
3. PLACE OF DEATH: Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <i>md</i> B. COUNTY		
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>4 S. Anny st</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>		
6. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) <i>4 S. Anny st</i>		
7. SEX <i>Male</i>	8. COLOR OR RACE <i>Col</i>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	10. DATE OF BIRTH <i>3/10/1913</i>	11. AGE (In years last birthday) <i>39</i>	12. Under 1 Year Months: Days Under 24 Hours Hours: Min.
13. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Laborer</i>			14. KIND OF BUSINESS OR INDUSTRY <i>7 actng</i>		
15. FATHER'S NAME <i>Harry Lee</i>			16. MOTHER'S MAIDEN NAME <i>Prucilla Ford</i>		
17. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)			18. SOCIAL SECURITY NO.		
19. INFORMANT			ADDRESS <i>Prucilla Lee 4 S. Anny St</i>		

18. 002X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Tuber culosis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>4 months</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (A) <i>Pulmonary</i> (B) <i>Relig dent</i> (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
22. TIME (Month) (Day) (Year) (Hour) OF INJURY		23. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		24. HOW DID INJURY OCCUR?	
25. I hereby certify that I attended the deceased from <i>9/2/52</i> , 19 <i>52</i> , to <i>9/7/52</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>9/6/52</i> , 19 <i>52</i> , and that death occurred at <i>3:00 AM</i> from the causes and on the date stated above.					
26. SIGNATURE <i>W</i>		27. ADDRESS <i>2536 1/2 st</i>		28. DATE SIGNED <i>9/13/52</i>	
29A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		29B. DATE <i>9/10/52</i>		29C. NAME OF CEMETERY OR CREMATORY <i>Wt Zion</i>	
29D. LOCATION (City, town, or county) (State) <i>Baltimore, md</i>		30. REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		31. FUNERAL DIRECTOR <i>Charles A. Rice</i>	
32. DATE RECEIVED BY LOCAL REGISTRAR <i>SEP 8 - 1952</i>		33. ADDRESS <i>- 661 W. Barre st</i>			

SEP 8 - 1952

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10/17/52 ES

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 8295**

1. NAME OF DECEASED (Type or Print) Mary Christine Nagle		2. DATE OF DEATH 9-5-1952	
3. PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____	
5. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) I72I E.Lanvale Street		C. CITY OR TOWN (If outside corporate limits, give full name of city and give township) Baltimore	
6. D. STREET ADDRESS (If rural, give location) I72I E.Lanvale Street			
7. SEX Female		8. DATE OF BIRTH Nov 3, 1895	
9. COLOR OR RACE White		9. AGE (In years last birthday) 56	
10. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed		11. BIRTHPLACE (State or foreign country) Baltimore	
12. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		13. KIND OF BUSINESS OR INDUSTRY Own Home	
14. FATHER'S NAME Christopher A. Cunningham		15. MOTHER'S MAIDEN NAME Louise Parr	
16. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) No		17. SOCIAL SECURITY NO. _____	
18. 19. INFORMANT Miss Mary A. Nagle-I72I E.Lanvale Street		ADDRESS _____	
18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Art. Spl. Cancer Vascular disease DUE TO _____ DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Cancer pelvis DUE TO _____ DUE TO _____		INTERVAL BETWEEN ONSET AND DEATH _____	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 9/5/52		19B. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY _____		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from 1951 , 19____, to 9/5 , 19____, that I last saw the deceased alive on 8/1 , 19____, and that death occurred at 8A m., from the causes and on the date stated above.			
23A. SIGNATURE H. Goodman		23B. ADDRESS 3400 E. Balt. v	
23C. DATE SIGNED 9/5/52			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 9-8-1952	
24C. NAME OF CEMETERY OR CREMATORY New Cathedral Cemetery		24D. LOCATION (City, town, or county) (State) Edmondson Ave, Balto: Md.	
DATE RECEIVED BY LOCAL REGISTRAR SEP 8 - 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
VS 150		25. FUNERAL DIRECTOR George J. Ruth, Inc. ADDRESS -I735 Harford Avenue	

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 8296
Registered No.

1. NAME OF DECEASED (Type or Print) <u>Levi Murray</u>		2. DATE OF DEATH <u>9-5-52</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>MD</u> B. COUNTY <u>17-02</u>	
5. FULL NAME OF HOSPITAL OR INSTITUTION <u>Provident Hospital</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>	
6. Length of stay in Baltimore <u>Life</u>		D. STREET ADDRESS (If rural, give location) <u>1016 Druid Hill Ave</u>	
7. SEX <u>M</u>	8. COLOR OR RACE <u>Negro</u>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	10. DATE OF BIRTH <u>July 10, 1878</u>
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Waiter</u>		12. AGE (In years last birthday) <u>74</u>	
13. KIND OF BUSINESS OR INDUSTRY <u>Caterer</u>		14. BIRTHPLACE (State or foreign country) <u>Baltimore, Md.</u>	
15. FATHER'S NAME <u>Herman Murray</u>		16. CITIZEN OF WHAT COUNTRY? <u>?</u>	
17. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <u>No</u>		18. SOCIAL SECURITY NO. <u>213-143893</u>	
19. INFORMANT <u>Louis H. Murray</u>		20. ADDRESS <u>2022 Mad. Ave</u>	

18. <u>330X</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <u>Subarachnoid Hemorrhage</u> DUE TO <u>Essential Hypertension</u> DUE TO <u>Atherosclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>9-5-52</u>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>7-4-1952</u> , to <u>9-5-1952</u> , that I last saw the deceased alive on <u>9-4-1952</u> , and that death occurred at <u>7:45</u> p. m., from the causes and on the date stated above.					
23A. SIGNATURE <u>Gilbert L. Barfield</u> M. D.		23B. ADDRESS <u>722 N. Fulton Ave</u>		23C. DATE SIGNED <u>9-6-52</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>9/9/52</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Mt. Auburn</u>	
24D. LOCATION (City, town, or county) <u>Baltimore, Md.</u>		24E. FUNERAL DIRECTOR <u>Charles L. Law</u>		24F. ADDRESS <u>802 Mad. Ave.</u>	

SEP 8 - 1952
VS 150
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DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
STATE OF NEW YORK

DATE OF BIRTH

DATE OF DEATH

PLACE OF BIRTH

PLACE OF DEATH

CAUSE OF DEATH

DATE OF INTERMENT

PLACE OF INTERMENT

NAME OF FUNERAL HOME

NAME OF MINISTER

NAME OF CHURCH

NAME OF CEMETERY

NAME OF CLERGYMAN

NAME OF MINISTER

NAME OF CHURCH

NAME OF CEMETERY

NAME OF CLERGYMAN

NAME OF MINISTER

NAME OF CHURCH

NAME OF CEMETERY

NAME OF CLERGYMAN

NAME OF MINISTER

NAME OF CHURCH

NAME OF CEMETERY

230 8297		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		X Registered No. 52 8297	
1. NAME OF DECEASED (Type or Print)		Louis West		2. DATE OF DEATH Sept. 6, 1952	
3. PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore			
5. FULL NAME OF (If not in hospital or institution, give street address or location) OSPITAL OR INSTITUTION St. Agnes Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore - 28 Catonsville			
6. Length of stay in Baltimore 47		D. STREET ADDRESS (If rural, give location) 734 Edmondson Ave. 5352			
7. SEX M	8. COLOR OR RACE W	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) X	10. DATE OF BIRTH 7-2-05	11. AGE (in years last birthday) 47	12. If Under 1 Year Months: Days Hours: Min. 2 4
13. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		14. KIND OF BUSINESS OR INDUSTRY ?		15. BIRTHPLACE (State or foreign country) Maryland	
16. FATHER'S NAME Marshall B. West		17. MOTHER'S MAIDEN NAME Anna Bresee		18. CITIZEN OF WHAT COUNTRY? U S A	
19. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) No		20. SOCIAL SECURITY NO.		21. INFORMANT Charles & Lexington Sts. Mr. Charles P. Wall Fidelity Trust Co.	
18. 420.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CORONARY THROMBOSIS DUE TO A.S.C. D.		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 9-6, 1952 to 9-6, 1952, that I last saw the deceased alive on 9-6, 1952 and that death occurred at 4:55 P.M., from the causes and on the date stated above.					
23A. SIGNATURE George E. H. M. D.		23B. ADDRESS 57 Agnes Hop		23C. DATE SIGNED 9-7-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 9/9/52		24C. NAME OF CEMETERY OR CREMATORY GREENMOUNT	
24D. LOCATION (City, town, or county) (State) BALTIMORE, MD.		24E. DATE RECEIVED BY LOCAL REGISTRAR SEP 8 - 1952		24F. REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
24G. FUNERAL DIRECTOR Easton's Sons Catonsville, Md.		24H. ADDRESS			
VS 150 449099 208294					

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1937

NAME OF DECEASED _____

DATE OF DEATH _____

PLACE OF DEATH _____

AGE OF DECEASED _____

SEX OF DECEASED _____

CAUSE OF DEATH _____

DATE OF BIRTH _____

PLACE OF BIRTH _____

EDUCATION _____

OCCUPATION _____

RELIGION _____

DATE OF MARRIAGE _____

NAME OF SPOUSE _____

DATE OF DEATH OF SPOUSE _____

NAME OF DECEASED'S FATHER _____

DATE OF DEATH OF FATHER _____

NAME OF DECEASED'S MOTHER _____

DATE OF DEATH OF MOTHER _____

NAME OF DECEASED'S BROTHER _____

DATE OF DEATH OF BROTHER _____

NAME OF DECEASED'S SISTER _____

DATE OF DEATH OF SISTER _____

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28298

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

528298

Registered No.

1. NAME OF DECEASED (Type or Print)

SAMUEL H. STULTZ

2. DATE OF DEATH

9/6/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

MARYLAND

B. COUNTY

CARROLL

5. FULL NAME OF HOSPITAL OR INSTITUTION

UNIVERSITY HOSPITAL

6. STREET ADDRESS (If rural, give location)

TANEYTOWN

7. Length of stay in Baltimore

4 hrs.

8. DATE OF BIRTH

Jan 2, 1857

9. AGE (In years last birthday)

93

10. AGE (In years last birthday)

93

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Unknown

14. MOTHER'S MARYDEN NAME

Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

none

17. INFORMANT

Malcolm Stultz Taneytown Md.

18. ADDRESS

19. CAUSE OF DEATH

422.11

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

COMPLETE HEART BLOCK

20. INTERVAL BETWEEN ONSET AND DEATH

21. ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

ARTERIOSCLEROTIC C.V.D.

ARTERIOSCLEROTIC GANGRENE RT. FOOT

22. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

23. DATE OF OPERATION

24. MAJOR FINDINGS OF OPERATION

25. AUTOPSY?

YES ☐ NO ☐

26. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

☐

27. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

28. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

29. TIME (Month) (Day) (Year) (Hour) OF INJURY

30. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

31. HOW DID INJURY OCCUR?

32. I hereby certify that I attended the deceased from 9/6, 1952, to 9/6, 1952, that I last saw the deceased alive on 9/6, 1952, and that death occurred at 6:50 P.M., from the causes and on the date stated above.

33. SIGNATURE

John H. Barrett

34. ADDRESS

University Hosp. Balt. 1 Md.

35. DATE SIGNED

9/6/52

36. BURIAL, CREMATION, REMOVAL (Specify)

Burial

37. DATE

Sept 10, 1952

38. NAME OF CEMETERY OR CREMATORY

Reformed Cemetery Taneytown Maryland

39. LOCATION (City, town, or county) (State)

40. DATE RECEIVED BY REGISTAR

SEP 8 - 1952

41. REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

42. FUNERAL DIRECTOR

C. D. Luss Taneytown, Md.

43. ADDRESS

44. VS 150

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DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

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CAUSE OF DEATH

DEPARTMENT OF HEALTH

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8299BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 8299

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

EDWARD THOMAS COUGHLIN

2. DATE
OF
DEATH Sept. 7, 1952

3. PLACE OF DEATH:

Baltimore City, Maryland

4. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

St. Joseph's Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2920 Sylvan Avenue - 14

5. Length of stay in Baltimore

life

Yrs.
Mos.
Days6. SEX
Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

Feb. 17-1891

9. AGE (in years
last birthday)

61

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore - Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John Coughlin

14. MOTHER'S MAIDEN NAME

Mary Gardener

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT ADDRESS

Mrs. Helen Coughlin

SAME

18. 153X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Carcinoma of sigmoid

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Myocardial infarction

DUE TO

(C) Uremia

19. OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

August 27, 1952

Resection of sigmoid

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August 17th, 1952, to Sept. 7th, 1952, that I last saw the deceased alive on Sept. 7th, 1952, and that death occurred at 10:20 pm., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

1400 N. Caroline Street - 13

Sept 7, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

EP 8-1952

Huntington Williams, M.D.

L. J. Ruck 5305 Hayford Rd

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APPROVED BY MEDICAL EXAMINER BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH				Registered No. 52 8300	
1. NAME OF DECEASED (Type or Print) Krell, George				2. DATE OF DEATH September 8, 1952	
3. PLACE OF DEATH: Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 10-01	
5. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
6. Length of stay in Baltimore Yrs. 0 Mos. 0 Days 0				D. STREET ADDRESS (If rural, give location) Biddle & Valley Streets	
7. SEX Male	8. COLOR OR RACE White	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widower	10. DATE OF BIRTH Nov. 14, 1869	11. AGE (in years last birthday) 82	12. Under 1 Year Months: 0 Days: 0 Under 24 Hours Hours: 0 Min: 0
13. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) bartender, retired			14. BIRTHPLACE (State or foreign country) Maryland		
15. CITIZEN OF WHAT COUNTRY? 10-01			16. CITIZEN OF WHAT COUNTRY? 10-01		
17. FATHER'S NAME John Krell			18. MOTHER'S MAIDEN NAME Catherine Grape		
19. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) No			20. SOCIAL SECURITY NO. 10-01		
21. 18. E 903.71 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Fracture, left hip DUE TO 10-01			22. INTERVAL BETWEEN ONSET AND DEATH 10-01		
23. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 10-01			24. CERTIFICATION APPROVED BY 10-01 CHIEF OR ASST. MEDICAL EXAMINER. Arteriosclerotic cardiovascular disease		
25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 10-01			26. 10-01		
27. 19A. DATE OF OPERATION 10-01		28. 19B. MAJOR FINDINGS OF OPERATION 10-01		29. 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
30. 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input checked="" type="checkbox"/>		31. 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) about home		32. 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Little Sisters of the Poor, Biddle St.	
33. 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY Sept 6, 1952		34. 21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		35. 21F. HOW DID INJURY OCCUR? slipped & fell to floor.	
36. 22. I hereby certify that I attended the deceased from Sept. 6, 1952 , to Sept. 8, 1952 that I last saw the deceased alive on Sept. 8, 1952 and that death occurred at 2:43 a.m. , from the causes and on the date stated above.					
37. 23A. SIGNATURE 10-01		38. 23B. ADDRESS 1100 N. Caroline Street		39. 23C. DATE SIGNED Sept. 8, 1952	
40. 24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		41. 24B. DATE Sept. 10, 1952		42. 24C. NAME OF CEMETERY OR CREMATORY New Cathedral	
43. 24D. LOCATION (City, town, or county) Baltimore, Md.		44. 25. FUNERAL DIRECTOR 10-01		45. ADDRESS 1217 St Paul St	
46. DATE RECEIVED BY LOCAL REGISTRAR SEP 8 - 1952		47. REGISTRAR'S SIGNATURE Huntington Williams, MD		48. VS 150 N 820.0	

1950

1950

UNITED STATES DEPARTMENT OF AGRICULTURE

OFFICE OF THE SECRETARY

WASHINGTON, D. C.

January 1, 1950

Dear Sir:

I am pleased to hear from you.

Very truly yours,

Secretary

Enclosure

Very truly yours,

Secretary

BALTIMORE CITY HEALTH DEPARTMENT

52 8301

CERTIFICATE OF DEATH

Registered No.

16
516
8301
TH NO.

STANLEY SHAMBER OR SZAMBER

NAME OF DECEASED
(Type or Print)

Known as

2. DATE
OF
DEATH

Sept. 7, 1952

STANLEY CHAMBERS

PLACE OF DEATH:

Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY

FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR US Public Health Service
STATION

Wyman Pk. Drive & 31st Street

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

347 N. Calvert Street

Length of stay in Baltimore

SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

2/22/96

9. AGE (in years
last birthday)

56

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.A. USUAL OCCUPATION (Give kind of
done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR
INDUSTRY

UNKNOWN

11. BIRTHPLACE (State or foreign country)

Poland

12. CITIZEN OF
WHAT COUNTRY?

USA

FATHER'S NAME

Jeremiah Chambers

14. MOTHER'S MAIDEN NAME

Madlyn ?

WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)

Yes

WWI - USA

16. SOCIAL
SECURITY NO.

213-09-0647

17. INFORMANT

ADDRESS

Records- US PHS Hospital, Balto, Md.

18. 581.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Cirrhosis of liver

Unknown

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from Aug. 29, 1952, to Sept. 7, 1952 that I last saw the
deceased alive on Sept. 7, 1952 and that death occurred at 8:32 A.M., from the causes and on the date stated above.

23A. SIGNATURE J. A. Hunter, Clinical Director

M. D.

23B. ADDRESS
US PHS Hospital, Balto, Md.23C. DATE SIGNED
9/8/5224A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

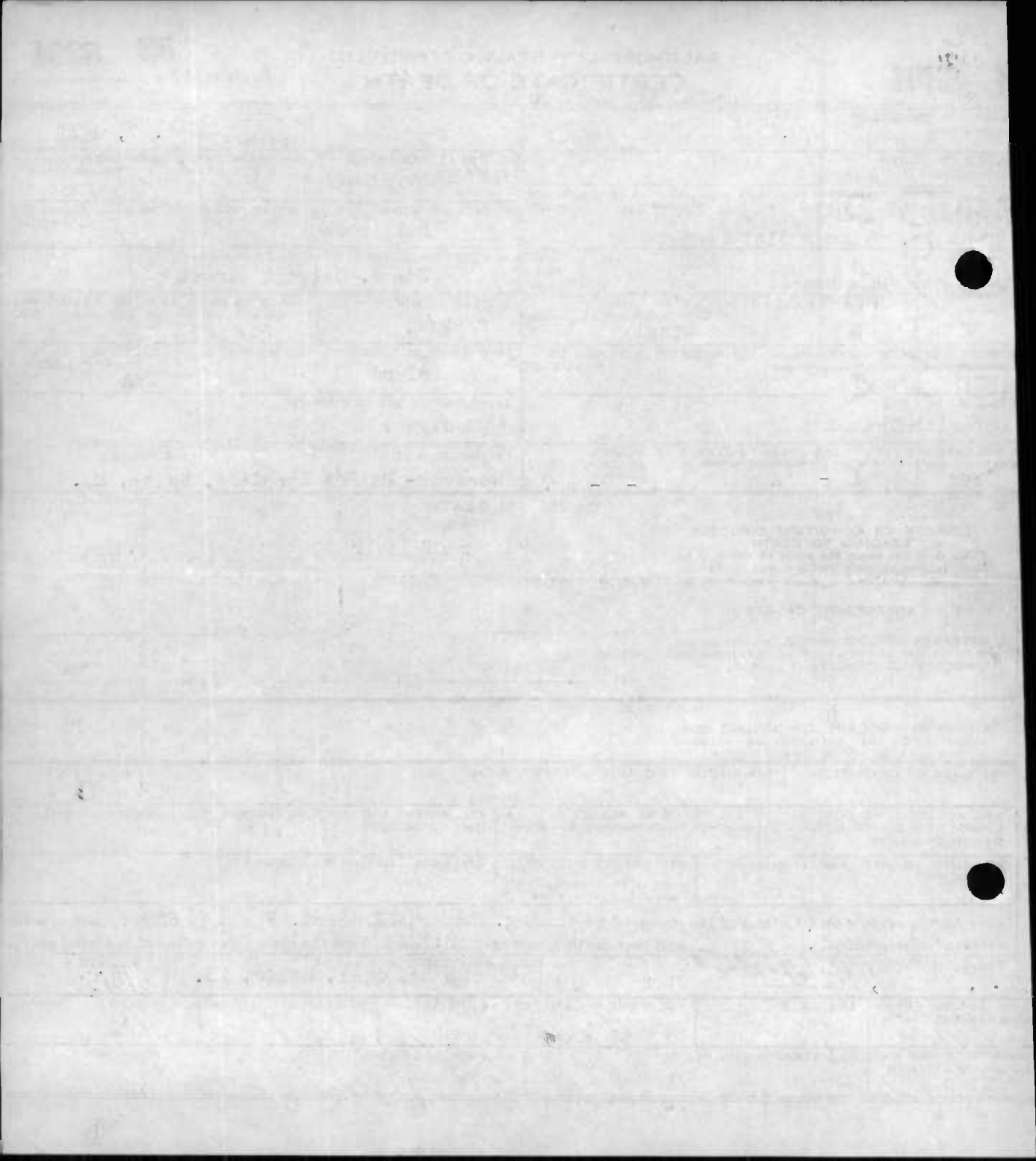
(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



22
8302BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 8302

IRTH NO.

NAME OF DECEASED
(Type or Print)

Lucille Hancock

2. DATE

OF

DEATH

September 7, 1952

PLACE OF DEATH:
Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived, If institution: residence
A. STATE Indiana B. COUNTY V-12 before admission)FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
STITUTION JOHNS HOPKINS HOSPITALC. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

D. STREET ADDRESS (If rural, give location)

Length of stay in Baltimore

Yrs.
Mos.
Days

1419 W. 5th St.

SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)A. USUAL OCCUPATION (Give kind of
done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months Days Hours Min.

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
JOHNS HOPKINS HOSPITAL

18. 416X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, ashenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Congestive Heart Failure

8 months

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Rheumatic Heart Disease

5 years

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-1, 1952, to 9-7, 1952, that I last saw the
deceased alive on 9-7, 1952, and that death occurred at 525 P.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 52 8303

IRTH NO.

NAME OF DECEASED
(Type or Print)(Lathan)
Fenwick, Lathan William2. DATE
OF
DEATH

September 7, 1952

PLACE OF DEATH:

Baltimore City, Maryland

FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR
STREET ADDRESS

St. Joseph's

Yrs.
Mos.
Days

Length of stay in Baltimore

SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10a. USUAL OCCUPATION (Give kind of
a dose during most of working life, even if retired)
Operator10b. KIND OF BUSINESS OR
INDUSTRY
Balto. Transit Co.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Wm. Henry Fenwick

14. MOTHER'S MAIDEN NAME

Julia Clara Adams

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)
no16. SOCIAL
SECURITY NO.
213-10-0506

17. INFORMANT

ADDRESS

Mrs. Jennie J. Fenwick 3221 Mondawmin

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Coronary occlusion

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21a. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21b. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour)
INJURY

21e. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 25, 1952 to Sept. 7, 1952 that I last saw the
deceased alive on Sept. 7, 1952 and that death occurred at 12:00 M. from the causes and on the date stated above.

23a. SIGNATURE

23b. ADDRESS

23c. DATE SIGNED

M. D.

1400 N. Caroline St.

Sept. 7, 1952

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 8 - 1952

Huntington Williams, M.D. G. Howard Strong 3207 W. North Ave.,

VS 150

1625570008300

5058

92

1940

1940

1940



500
8304BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 8304
Registered No.

IRTH NO.

NAME OF DECEASED
(Type or Print)

ELIZABETH MOONEY

2. DATE
OF
DEATH

SEPT. 6, 1952

PLACE OF DEATH:

Baltimore City, Maryland

FULL NAME OF (If not in hospital or institution, give street address or location)

1913 Eutaw street

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1913 Eutaw street

Length of stay in Baltimore

Life

Yrs.
Mos.
Days

SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

single

8. USUAL OCCUPATION (Give kind of
done during most of working life, even if retired)

Teamstriss

10B. KIND OF BUSINESS OR
INDUSTRY

Clothing

9. FATHER'S NAME

Lawrende Mooney

8. DATE OF BIRTH

June 1 1873

9. AGE (In years
last birthday)

79

11. Under 1 Year
Months: Days12. Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

USA

14. MOTHER'S MAIDEN NAME

Julia Quinn

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

John H. Mooney

18.

332X

CAUSE OF DEATH

Cerebral thrombosis
generalized arteriosclerosisINTERVAL BETWEEN
ONSET AND DEATHone month
sev yrs.DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

left hemiplegia

one month

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONITION CAUSING IT.

glaucoma

1 yr

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 5, 1952, to Sept. 6, 1952 that I last saw the deceased alive on Sept 5, 1952, and that death occurred at 12:40 A.M. from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

2431 Maryland Avenue

9-8-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

9/9/52

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cem

24D. LOCATION (City, town, or county)

Baltimore Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 8 - 1952

Huntington Williams, M.D.

CHARLES F. EVANS & SON

118 W. Mt. Royal Ave.

625
52 8305BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 8305

1. NAME OF DECEASED (Type or Print) Thomas E. Pierson		2. DATE OF DEATH 9-7-52	
3. PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION OoA University Hosp		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 12-05	
6. Length of stay in Baltimore 14 years Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 2017 N. Charles St.	
7. SEX M	8. COLOR OR RACE W	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	10. DATE OF BIRTH Nov. 23, 1911
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		12. AGE (In years, last birthday) 40 If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.	
13. FATHER'S NAME Joseph Pierson		14. BIRTHPLACE (State or foreign country) W. Va.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) No.		16. CITIZEN OF WHAT COUNTRY? USA	
17. SOCIAL SECURITY NO. 833-16-0472		18. MOTHER'S MAIDEN NAME Julia Cunningham	
19. INFORMANT Ann Pierson		20. ADDRESS 2017 N. Charles St.	

18. E819.4 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Crushing Injury of Chest. DUE TO (A) Crushing Injury of Chest. (B) Crushing Injury of Chest. (C) Crushing Injury of Chest.	INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) STREET	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Route 140 near Finksburg 5600
21D. TIME (Month) (Day) (Year) (Hour) (Minute) INJURY 9/7/52 1:40 a.	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? Driver of auto struck fixed object
22. I certify that I took charge of the remains described above, held an PARTIAL Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .		
23A. SIGNATURE RT Fisher	23B. CHIEF MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR.....	23C. DATE SIGNED 9-7-52

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 9-10-52	24C. NAME OF CEMETERY OR CREMATORY Zion Lutheran Cem.	24D. LOCATION (City, town, or county) (State) Baltimore Maryland
DATE RECEIVED BY LOCAL REGISTRAR SEP 8 - 1952	REGISTRAR'S SIGNATURE H. H. Williams	25. FUNERAL DIRECTOR Chas F. Evans & Son	

N-862-2 51324 118 W. Mt. Royal Ave

[Faint, illegible text, likely bleed-through from the reverse side of the page. The text is mirrored and difficult to decipher.]

563
8306BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 8306
Registered No.

NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
Emily P. Leonard		Sept. 5, 1952	
PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)	
FULL NAME OF (If not in hospital or institution, give street address or location)		A. STATE	
817 M ^e Kean Ave.		Md.	
Yrs. Mos. Days		B. COUNTY	
Length of stay in Baltimore		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)	
SEX		817 M ^e Kean Ave.	
6. COLOR OR RACE		D. DATE OF BIRTH	
E. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		March 8, 1901	
A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		9. AGE (In years last birthday)	
Storekeeper		61	
10B. KIND OF BUSINESS OR INDUSTRY		BIRTHPLACE (State or foreign country)	
John Leonard		Baltimore Md.	
11. FATHER'S NAME		12. CITIZEN OF WHAT COUNTRY?	
John Leonard		U.S.A.	
13. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)		14. MOTHER'S MAIDEN NAME	
No		Lucinda Stevenson	
15. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS	
Edna Shaw 817 M ^e Kean Ave.			
18. 420.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH	
(A) DUE TO		Arteriosclerotic Heart Disease	
ANTECEDENT CAUSES		(B) DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		Dysentery	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
0			
20. AUTOPSY?			
YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour)		21E. INJURY OCCURRED	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 8/9/52, 19, to 9/5/52, 19, that I last saw the deceased alive on 9/1/52, 19, and that death occurred at 7:00 P.M., from the causes and on the date stated above.			
23A. SIGNATURE		23B. ADDRESS	
W. C. ...		253 Gough St	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE	
Burial		9/9/52	
24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State)	
Arboretum Memorial		Arboretum Md.	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE	
SEP 8 - 1952		Huntington Williams, M.D.	
		FURNERAL DIRECTOR	
		Mrs. Kate P. Williams	
		ADDRESS	
		822	

5 290640 8 303

8000

22

CERTIFICATE OF DEATH
BUREAU OF HEALTH DEPARTMENT

! Death certificate
— 1000

— July 1911

1/1/11 1/1/11 1/1/11
1/1/11 1/1/11 1/1/11

525
2 8307BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 8307

Registered No.

IRTH NO.

NAME OF DECEASED
(Type or Print)

Laura Swanson

2. DATE
OF
DEATH

Sept 5, 1952

PLACE OF DEATH:
Baltimore City, Maryland

02

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Dnd.

FULL NAME OF
OSPITAL OR
STITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

19-02

D. STREET ADDRESS (If rural, give location)

107 N. Bruce St

Length of stay in Baltimore

Yrs.
Mos.
Days

SEX

Female Colored

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Separated

8. DATE OF BIRTH

Dec 21, 1901

9. AGE (In years
last birthday)

50

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.A. USUAL OCCUPATION (Give kind of
done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

F. FATHER'S NAME

Charles Hancock

14. MOTHER'S MAIDEN NAME

Emma Brown

G. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 171X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Probable pulmonary embolus

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Carcinoma of cervix uteri IC Class IV

DUE TO

(C)

11
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

NONE

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

NO

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 31, 1952 to Sept. 5, 1952 that I last saw the
deceased alive on Sept 5, 1952 and that death occurred at 4:59 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Jane B. McKewen

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

Sept 5, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

9/9/1952

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn Cem. Balto.

24D. LOCATION (City, town, or county)

Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Mrs. Kate R. Williams

ADDRESS

322 N. Schroeder St

7002 5

UNITED STATES DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

DATE OF DEATH

Name of Deceased		Sex		Age	
Date of Birth		Place of Birth		Usual Residence	
Cause of Death		Manner of Death		Occupation	
Physician's Signature		Medical Examiner's Signature		Registrar's Signature	
Date of Report		Place of Report		Signature of Reporting Officer	

Name of Deceased		Sex		Age	
Date of Birth		Place of Birth		Usual Residence	
Cause of Death		Manner of Death		Occupation	
Physician's Signature		Medical Examiner's Signature		Registrar's Signature	
Date of Report		Place of Report		Signature of Reporting Officer	

220

8308 BAL-131336

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 8308

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Alma Moses		2. DATE OF DEATH Sept. 4, 1952	
3. PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY 12	
5. FULL NAME OF (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
6. Length of stay in Baltimore 11 Yrs.		D. STREET ADDRESS (If rural, give location) B. C. H. 4940 Eastern Avenue	
7. SEX Female	8. COLOR OR RACE Negro	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	10. DATE OF BIRTH Dec. 25, 1920
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		12. AGE (In years last birthday) 31	13. Under 1 Year Months: Days 31
14. FATHER'S NAME Floyd Shippy		15. CITIZEN OF WHAT COUNTRY? South Carolina	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) es, no or unknown)		17. MOTHER'S MAIDEN NAME Mamie Shanks	
18. SOCIAL SECURITY NO.		19. INFORMANT Records: B. C. H. 4940 Eastern Avenue	

18. 002X		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)		(A) Pulmonary Tuberculosis - Far advanced			
DUE TO					
ANTECEDENT CAUSES		(B)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO			
		(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) (Minute) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 8-25 , 19 52 , to 9-4 , 19 52 , that I last saw the deceased alive on 9-4 , 1952, and that death occurred at 12:55 a.m., from the causes and on the date stated above.					
23A. SIGNATURE <i>John D. Dagen</i>		23B. ADDRESS 4940 Eastern Avenue		23C. DATE SIGNED 9/4/52	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE 9/8/1952		24C. NAME OF CEMETERY OR CREMATORY Artalus Memorial	
24D. LOCATION (City, town, or county)		24E. NAME OF CEMETERY OR CREMATORY Artalus		24F. LOCATION (City, town, or county)	
DATE RECEIVED BY LOCAL REGISTRAR SEP 8 - 1952		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR <i>McKatie R. Williams</i>	
				ADDRESS 332 N. Schreiner St.	

8038

CERTIFICATE OF DEATH

1912-1913



1912-1913

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **58-8309**

NAME OF DECEASED
(Type or Print) **LUTHER JACKSON**

2. DATE OF DEATH **9/5/52**

PLACE OF DEATH:
Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **MD.** B. COUNTY

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
UNIVERSITY HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
BALTIMORE

Length of stay in Baltimore **5** Yrs. Mos. Days

O. STREET ADDRESS (If rural, give location)
533 N. PULASKI ST.

SEX **M** 6. COLOR OR RACE **C** 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH **FEB 23/1947** 9. AGE (In years last birthday) **5** 11. Under 1 Year Months Days 12. Under 24 Hours Hours Min.

A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired)

11. BIRTHPLACE (State or foreign country) **MD.** 12. CITIZEN OF WHAT COUNTRY? **USA**

FATHER'S NAME
LEROY JACKSON

14. MOTHER'S MAIDEN NAME
HELEN SIMMONS

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Helen Jackson 533 N. Pulaski St.

18. **192.6** DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH
SICKLE CELL CRISIS

INTERVAL BETWEEN ONSET AND DEATH
72 HRS

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

11
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **9/2**, 19**52**, to **9/5**, 19**52**, that I last saw the deceased alive on **9/5**, 19**52**, and that death occurred at **10:24** a. m., from the causes and on the date stated above.

23A. SIGNATURE
Raymond L. Clemmens

23B. ADDRESS
University Hospital

23C. DATE SIGNED
9/5/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE
Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS
3224

DEPARTMENT OF HEALTH
STATEMENT OF DEATH

1. Name of deceased		2. Sex		3. Age	
4. Date of death		5. Time of death		6. Place of death	
7. Cause of death		8. Manner of death		9. Signature of physician	
10. Signature of registrar		11. Signature of informant		12. Signature of witness	
13. Signature of undertaker		14. Signature of funeral home		15. Signature of cemetery	
16. Signature of church		17. Signature of family		18. Signature of neighbors	
19. Signature of friends		20. Signature of community		21. Signature of society	
22. Signature of association		23. Signature of organization		24. Signature of institution	
25. Signature of hospital		26. Signature of clinic		27. Signature of laboratory	
28. Signature of pharmacy		29. Signature of dispensary		30. Signature of medical office	
31. Signature of dental office		32. Signature of optician		33. Signature of pharmacist	
34. Signature of veterinarian		35. Signature of nurse		36. Signature of physician assistant	
37. Signature of medical student		38. Signature of medical resident		39. Signature of medical intern	
40. Signature of medical clerk		41. Signature of medical aide		42. Signature of medical assistant	
43. Signature of medical secretary		44. Signature of medical receptionist		45. Signature of medical janitor	
46. Signature of medical porter		47. Signature of medical orderly		48. Signature of medical attendant	
49. Signature of medical nurse		50. Signature of medical aide		51. Signature of medical assistant	
52. Signature of medical secretary		53. Signature of medical receptionist		54. Signature of medical janitor	
55. Signature of medical porter		56. Signature of medical orderly		57. Signature of medical attendant	
58. Signature of medical nurse		59. Signature of medical aide		60. Signature of medical assistant	
61. Signature of medical secretary		62. Signature of medical receptionist		63. Signature of medical janitor	
64. Signature of medical porter		65. Signature of medical orderly		66. Signature of medical attendant	
67. Signature of medical nurse		68. Signature of medical aide		69. Signature of medical assistant	
70. Signature of medical secretary		71. Signature of medical receptionist		72. Signature of medical janitor	
73. Signature of medical porter		74. Signature of medical orderly		75. Signature of medical attendant	
76. Signature of medical nurse		77. Signature of medical aide		78. Signature of medical assistant	
79. Signature of medical secretary		80. Signature of medical receptionist		81. Signature of medical janitor	
82. Signature of medical porter		83. Signature of medical orderly		84. Signature of medical attendant	
85. Signature of medical nurse		86. Signature of medical aide		87. Signature of medical assistant	
88. Signature of medical secretary		89. Signature of medical receptionist		90. Signature of medical janitor	
91. Signature of medical porter		92. Signature of medical orderly		93. Signature of medical attendant	
94. Signature of medical nurse		95. Signature of medical aide		96. Signature of medical assistant	
97. Signature of medical secretary		98. Signature of medical receptionist		99. Signature of medical janitor	
100. Signature of medical porter		101. Signature of medical orderly		102. Signature of medical attendant	

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 8310**

400
BIRTH NO. **8310**

1. NAME OF DECEASED (Type or Print) **JAMES W. TALLEY** 2. DATE OF DEATH **September 4, 1952**

3. PLACE OF DEATH: **A. Baltimore City, Maryland** 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) **A. STATE Maryland**

5. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) **Franklin Square Hospital** 6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) **Baltimore**

7. STREET ADDRESS (If rural, give location) **1628 W. Mulberry Street**

8. SEX **Male** 9. COLOR OR RACE **Colored** 10. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) **MARRIED** 11. DATE OF BIRTH **Jan. 22, 1913** 12. AGE (In years last birthday) **39** 13. If Under 1 Year Months: Days 14. If Under 24 Hours Hours: Min.

15. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Laborer** 16. KIND OF BUSINESS OR INDUSTRY **Bethlehem Steel** 17. BIRTHPLACE (State or foreign country) **Madisonburg Va.** 18. CITIZEN OF WHAT COUNTRY? **U.S.A.**

19. FATHER'S NAME **John Talley** 20. MOTHER'S MAIDEN NAME **Flora Bell**

21. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) **yes W.W.II** 22. SOCIAL SECURITY NO. 23. INFORMANT **Mattie Talley** 24. ADDRESS **1628 W. Mulberry St.**

25. CAUSE OF DEATH **Gunshot wound of chest involving lungs and heart with cardiac tamponade** 26. INTERVAL BETWEEN ONSET AND DEATH

27. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) **Gunshot wound of chest involving lungs and heart with cardiac tamponade**

28. ANTECEDENT CAUSES (DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.)

29. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

30. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) **Street** 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) **Parrish and Saratoga Streets**

21D. TIME (Month) (Day) (Year) (Hour) (Minute) **Sept. 4, 1952 11:30 P. m.** 21E. INJURY OCCURRED WHILE AT WORK ☐ OR NOT WHILE AT WORK ☒ 21F. HOW DID INJURY OCCUR? **Firearms**

22. I certify that I took charge of the remains described above, held an **Autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.

23A. SIGNATURE **William V. ...** 23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ M.D. MEDICAL INVESTIGATOR ☐ 23C. DATE SIGNED **Sept. 5, 1952**

24A. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24B. DATE **9/10/1952** 24C. NAME OF CEMETERY OR CREMATORY **Balto National Cem** 24D. LOCATION (City, town, or county) (State) **Balto Md.**

25. DATE RECEIVED BY LOCAL REGISTRAR **SEP 8 - 1952** REGISTRAR'S SIGNATURE **Huntington Williams** 26. FUNERAL DIRECTOR **Mrs. Kate R. Williams** ADDRESS **3224 ...**

V S 151 **N 861.4** **1 9 8 2 9 7 0 3 A 8 3 0 7**

B-162814
5342BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 8311

BIRTH NO.

1. NAME OF DECEASED (Type or Print) James Turner			2. DATE OF DEATH Sept. 7-1952		
3. PLACE OF DEATH: Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY		
5. FULL NAME OF (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
6. Length of stay in Baltimore Life Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 828 S. Sharp St.		
7. SEX M	8. COLOR OR RACE N	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Separated	10. DATE OF BIRTH June 20-1878	11. AGE (in years last birthday) 73	12. If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
13a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Yacht Mucker			13b. KIND OF BUSINESS OR INDUSTRY Seaford		
14. FATHER'S NAME John Turner			15. MOTHER'S MAIDEN NAME Emma Williams		
16. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)			17. SOCIAL SECURITY NO.		
18. 422.2 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Degenerative Heart disease			INTERVAL BETWEEN ONSET AND DEATH 10 yrs		
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
21A. ACCIDENT WAS UNDER- Lying <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 9-5, 1952, to 9-7-1952, that I last saw the deceased alive on 9-7-1952, and that death occurred at 2.10 A. M., from the causes and on the date stated above.					
23A. SIGNATURE <i>J. S. Brown</i>			23B. ADDRESS 4940 Eastern Ave., Baltimore, Md.		23C. DATE SIGNED 9-7-1952
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 9/10/52		24C. NAME OF CEMETERY OR CREMATORY McAuliffe	
24D. LOCATION (City, town, or county) (State) Baltimore City					

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 9/10/52		24C. NAME OF CEMETERY OR CREMATORY McAuliffe		24D. LOCATION (City, town, or county) (State) Baltimore City	
DATE RECEIVED BY LOCAL REGISTRAR SEP 8 - 1952		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR D. L. Brown		ADDRESS 108 20 Montgomery St	
VS 150 1 9 5 6 9 0 6 4 0 8 3 0 8							

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STATEMENT OF HEALTH DEPARTMENT
CERTIFICATE OF DEATH

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8312BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 8312

1. NAME OF DECEASED (Type or Print) <i>Ruth Redmond</i>		2. DATE OF DEATH <i>9/5/52</i>	
3. PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MARYLAND</i> B. COUNTY	
5. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) <i>Provident Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write it in full and give township) <i>BALTIMORE 13-03</i>	
6. LENGTH OF STAY IN BALTIMORE <i>43 yrs.</i>		D. STREET ADDRESS (If rural, give location) <i>2437 McCulloh STREET</i>	
7. SEX <i>FEMALE</i>	8. COLOR OR RACE <i>Colored</i>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>MARRIED</i>	10. DATE OF BIRTH <i>Nov 23, 1907</i>
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>House wife</i>		12. AGE (In years last birthday) <i>44</i> If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.	
13. FATHER'S NAME <i>John GRINAGE</i>		14. BIRTHPLACE (State or foreign country) <i>PIKESVILLE, MD</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		16. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>	
17. SOCIAL SECURITY NO.		18. MOTHER'S MAIDEN NAME <i>Ruth THOMAS</i>	
19. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		19. INFORMANT ADDRESS <i>MR. VAN HEAR REDMOND - 2437 McCulloh ST.</i>	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>153x Metastatic Carcinoma</i>		INTERVAL BETWEEN ONSET AND DEATH <i>4-5 years</i>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Carcinoma of the uterus</i>			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>8/6/52</i> , 1952, to <i>9/5, 1952</i> , that I last saw the deceased alive on <i>9/5/1952</i> , and that death occurred at <i>1:05 p.m.</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>[Signature]</i>		23B. ADDRESS <i>Provident Hospital, Baltimore</i>	
23C. DATE SIGNED <i>9/6/52</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Sept. 9, 1952</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Arbutus Mem. Park</i>		24D. LOCATION (City, town, or county) (State) <i>Baltimore Co., Maryland</i>	
25. FUNERAL DIRECTOR <i>H. H. Williams</i>		25. ADDRESS <i>Holland Funeral Home - 1631 Druid Hill Ave.</i>	

STATE OF NEW YORK
OFFICE OF THE ATTORNEY GENERAL
ALBANY, N. Y.

IN SENATE

JANUARY 1, 1901

REPORT

OF THE

COMMISSIONERS

OF THE LAND OFFICE

FOR THE YEAR

1900

ALBANY:

WILLIAM H. BROWN,

PRINTERS.

1901

NEW YORK:

WILLIAM H. BROWN,

PRINTERS.

1901

ALBANY:

WILLIAM H. BROWN,

PRINTERS.

1901

NEW YORK:

WILLIAM H. BROWN,

PRINTERS.

1901

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 8313

NAME OF DECEASED (Type or Print) MALINDA CARTER		2. DATE OF DEATH 9-6-52	
PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 14-23	
FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) 1808 Etting St		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore City	
Length of stay in Baltimore 30 Yrs. 50 Mos. 50 Days		D. STREET ADDRESS (If rural, give location) 1808 Etting St	
5. SEX Female	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Dec 1884
9A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY Home	9. AGE (In years last birthday) 67
11. BIRTHPLACE (State or foreign country) Centerville, Md		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Unknown		14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. Unknown	
17. INFORMANT Mr. James R. Nichols		ADDRESS 1808 Etting St	
18. 442X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) cerebral thrombosis		INTERVAL BETWEEN ONSET AND DEATH 3 hrs.	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. arteriosclerotic cardiac - vascular - renal disease		6 yrs	
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
22. TIME (Month) (Day) (Year) (Hour) 0	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from January 1952 to Sept 6, 1952 that I last saw the deceased alive on Sept 6, 1952 and that death occurred at 8:45 a.m. , from the causes and on the date stated above.			
23A. SIGNATURE James D. Carr		23B. ADDRESS 1427 Madison Ave	23C. DATE SIGNED 9-8-52
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Sept. 9, 1952	24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cem.	24D. LOCATION (City, town, or county) (State) Baltimore Co., Maryland
DATE RECEIVED BY LOCAL REGISTRAR SEP 8 - 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Gibson Funeral Home - 1735 Druid Hill Ave.	

2008 SE

CERTIFICATE OF DEATH

100

100

100

100



8314

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. ⁵² 8314

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOHN

BAILEY

2. DATE
OF
DEATH

September 7, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. FULL NAME OF (If not in hospital or institution, give street address or location)

University Hospital

5. Length of stay in Baltimore

20 Yrs.
Mos.
Days

6. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Butcher

8B. KIND OF BUSINESS OR INDUSTRY

Retail

9. FATHER'S NAME

JOHN J. Bailey

10. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

MD

B. COUNTY

Washington

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Boonsboro RD ✓

D. STREET ADDRESS (If rural, give location)

7100

8. DATE OF BIRTH

Sept. 5, 1909

9. AGE (In years last birthday)

43

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF WHAT COUNTRY?

U.S.A. ✓

14. MOTHER'S MAIDEN NAME

Ellen L. Histon ✓

17. INFORMANT

B. Anderson

ADDRESS

18. 491X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Bronchopneumonia

XXXX

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Anuria

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....☐

23C. DATE SIGNED

M.D.

MEDICAL INVESTIGATOR.....☐

Sept. 3, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

R & B

24B. DATE

9-8-52

24C. NAME OF CEMETERY OR CREMATORY

Mt. Holly

24D. LOCATION (City, town, or county)

Crawcock, Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

SEP 8 - 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

C. Ashby Williams

ADDRESS

VS 151

P 45 26446A B. Anderson

AMB 54

AMB



BALTIMORE CITY HEALTH DEPARTMENT

52 8315

8315

CERTIFICATE OF DEATH

Registered No.

IRTH NO.

NAME OF DECEASED
(Type or Print)

Baby Boy Davis

2. DATE
OF
DEATH

8/29/52

PLACE OF DEATH:
Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

FULL NAME OF DECEASED (If not in hospital or institution, give street address or location)

Franklin Square Hosp.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 24-03

Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

24 E. Hamburg St.

SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Male

White

Single

8. DATE OF BIRTH

8-27-52

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

2

A. USUAL OCCUPATION (Give kind of
done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

FATHER'S NAME

14. MOTHER'S MAIDEN NAME

William Davis

Vera Barrett

WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 761.0
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Pneumonia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Chronic degeneration of heart

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 8/27, 1952, to 8/28, 1952, that I last saw the deceased alive on 8/28, 1952, and that death occurred at 4:25 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Walter K. Soelberg

M. D.

840 Park Ave.

9/2/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

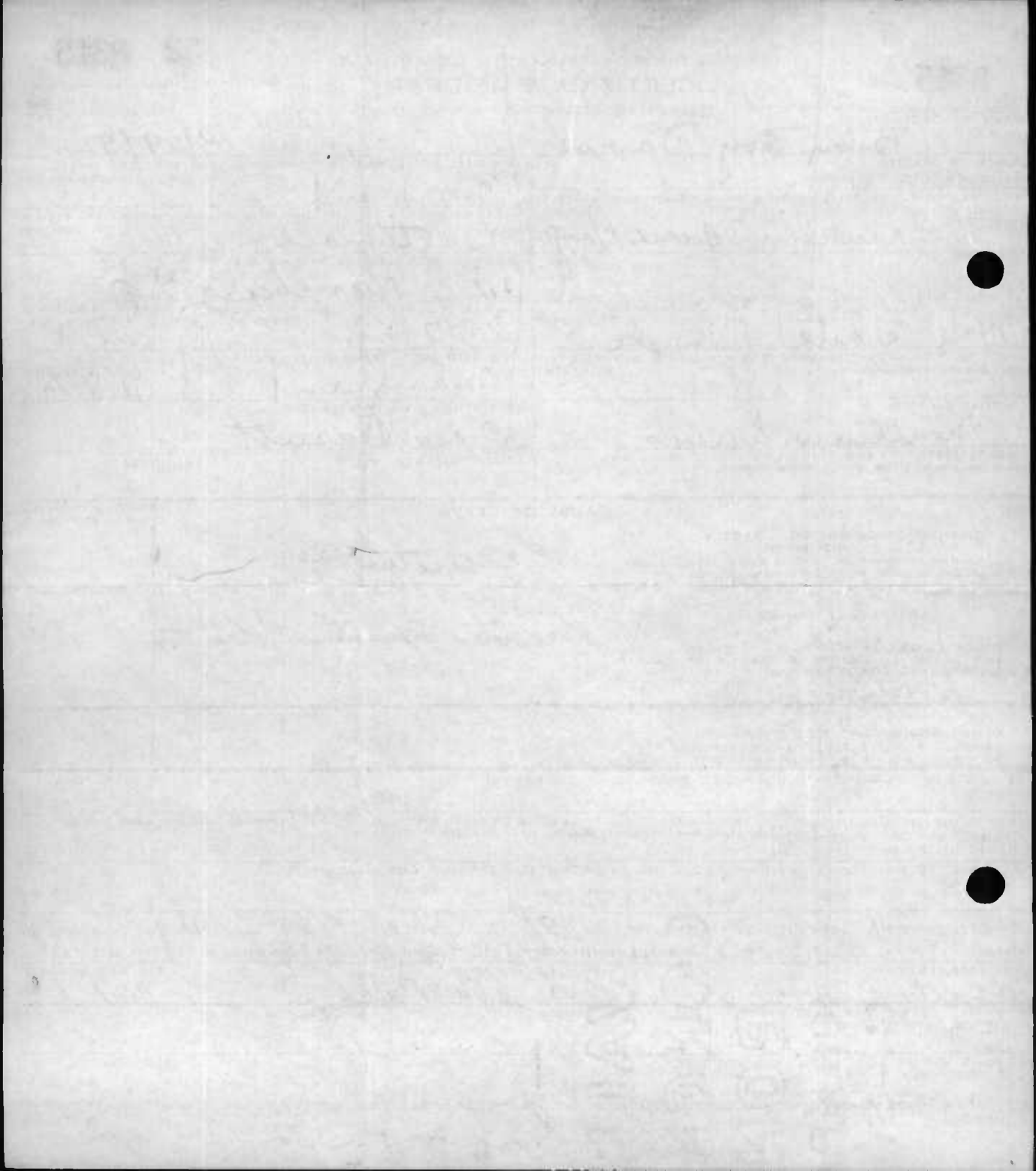
25. FUNERAL DIRECTOR

ADDRESS

SEP 8 1952

Huntington Williams, M.D.

1 Certificate at Morgan 950-112 at 10:00 AM



00
AB-162861
8316BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 8316

TH NO.

NAME OF DECEASED
(Last, first, middle, or Print)

Edmont Novak (EDMONT E. NOWAK)

2. DATE
OF
DEATH

Sept. 8-1952

PLACE OF DEATH:

Baltimore City, Maryland

FULL NAME OF

(If not in hospital or institution, give street address or location)

HOSPITAL OR
INSTITUTIONBaltimore City Hospitals
4940 Eastern Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Michigan

B. COUNTY

V-19

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Detroit

D. STREET ADDRESS (If rural, give location)

15448 Bringard Street

Length of stay in Baltimore

2 days

Yrs.
Mos.
Days

SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

July 4-1923

9. AGE (In years
last birthday)

29

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10. USUAL OCCUPATION (Give kind of
one during most of working life, even if retired)

POLICE

10B. KIND OF BUSINESS OR
INDUSTRY

DETROIT CITY

11. BIRTHPLACE (State or foreign country)

Michigan

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

FATHER'S NAME

John Novak

14. MOTHER'S MAIDEN NAME

Madaline BROSCZ

WAS DECEASED EVER IN U.S. ARMED FORCES?
(If yes, give war or dates of service)

YES

WORLD WAR II

16. SOCIAL
SECURITY NO.17. INFORMANT
Baltimore City Hospitals
Records: 4940 Eastern Ave.

18. 080.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

Acute Bulbar Poliomyelitis

5 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

9-8-52

19B. MAJOR FINDINGS OF OPERATION

Tracheotomy

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-6-1952 to 9-8-1952 that I last saw the
deceased alive on 9-8-1952 and that death occurred at 1.20AM, from the causes and on the date stated above.

23A. SIGNATURE

P.D. Rogers, M.D.

23B. ADDRESS

4940 Eastern Ave., Baltimore, Md.

23C. DATE SIGNED

Sept. 8-1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

9-11-52.

24C. NAME OF CEMETERY OR CREMATORY

MT. OLIVET CEM., DETROIT, MICHIGAN

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Charles S. Zeile

ADDRESS

901 S. CONKLING
ST.

SEP 8 1952

VS 150

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BALTO. 24 MD

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534
52 8317BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 8317
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARIA D. CANTALUPO

2. DATE
OF
DEATH

September 5, 1952.

3. PLACE OF DEATH:

A. Baltimore City, Maryland 2619 Eastern Ave.

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

About 53

Yrs.
Mos.
Days

C. Length of stay in Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)
A. STATE B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2619 Eastern Ave.

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

October 23, 1876

9. AGE (In years
last birthday)

75

11 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

House Work

10B. KIND OF BUSINESS OR
INDUSTRY

At Home

11. BIRTHPLACE (State or foreign country)

Italy

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Luigi Stabile

14. MOTHER'S MAIDEN NAME

Mary Dimarco

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

LOUIS CANTAPO

SAME

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, ashenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Myocardial Degeneration

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Hypertensive Cardio Vascular
Disease

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 4, 1952, to Sept 5, 1952, that I last saw the
deceased alive on Sept 2, 1952, and that death occurred at 12:30 A.M. from the causes and on the date stated above.

23. SIGNATURE

Edward A. Blanejan Jr.

23B. ADDRESS

3501 Fair Ave. Baltimore

23C. DATE SIGNED

9-6-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Sept. 9, 1952

24C. NAME OF CEMETERY OR CREMATORY

Oak Lawn Cemetery

24D. LOCATION (City, town, or county) (State)

7225 Eastern Ave. Balto., Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Charles S. Geiler

901 S. Conkling St.

52 8817

STATE OF NEW YORK
DEPARTMENT OF HEALTH

Page 1

Sanitary Officer, N.Y.C.

Health Officer, N.Y.C.

Sanitary Officer, N.Y.C.

Sanitary Officer, N.Y.C.

Sanitary Officer, N.Y.C.

Sanitary Officer, N.Y.C.

Sanitary Officer, N.Y.C.

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Sanitary Officer, N.Y.C.

Sanitary Officer, N.Y.C.

Sanitary Officer, N.Y.C.

200

Leiss

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 8318

Registered No.

8318

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Leiss Mr Emil		2. DATE OF DEATH 9-6-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
B. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) Church Home and Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
5. SEX male		6. COLOR OR RACE white	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH 11-5-1911	
9. AGE (in years last birthday) 40		10. UNDER 1 Year Months: Days 40	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Leiss Mr Frederick		14. MOTHER'S MAIDEN NAME Sophie	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. 616-01-7184	
17. INFORMANT patient		ADDRESS	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Nephrosis		INTERVAL BETWEEN ONSET AND DEATH 2 years	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Gout		10 years	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 9-10-52		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH no		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 8-2-52 , 19 52 to 9-6- , 19 52 that I last saw the deceased alive on 9-6- , 19 52 and that death occurred at 2:00 pm., from the causes and on the date stated above.			
23A. SIGNATURE U. S. E. M.		23B. ADDRESS Church Home and Hospital	
23C. DATE SIGNED 9-6-52			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 9/10/52	
24C. NAME OF CEMETERY OR CREMATORY Oak Lawn Cemetery		24D. LOCATION (City, town, or county) (State) Balt Co Md	
DATE RECEIVED BY LOCAL REGISTRAR SEP 8 1952		REGISTRAR'S SIGNATURE Huntington Williams	
25. FUNERAL DIRECTOR 1407 Eastern Ave		ADDRESS	

MEDICAL CERTIFICATION

9 5 98 BA 2 8 3 1 5

6022 22

UNITED STATES OF AMERICA
DEPARTMENT OF THE ARMY

6022

UNITED STATES OF AMERICA
DEPARTMENT OF THE ARMY

OFFICE OF THE ADJUTANT GENERAL

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 8319**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Barbara Marsalek

2. DATE OF DEATH

Sept. 7/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

227 N. Duncan St

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE *Maryland* B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write U.S. L. and give township)

Baltimore 6-03

D. STREET ADDRESS (If rural, give location)

227 N. DUNCAN ST.

C. Length of stay in Baltimore

5. SEX *Female* 6. COLOR OR RACE *White* 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) *Married*

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housework

10B. KIND OF BUSINESS OR INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

Bohemia

12. CITIZEN OF WHAT COUNTRY?

Not known

13. FATHER'S NAME

John Slezak

14. MOTHER'S MAIDEN NAME

Not known

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

James Marsalek

ADDRESS

18. *450.0*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

*Myocardial infarct
Pulmonary edema*

INTERVAL BETWEEN ONSET AND DEATH

2 weeks

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Arteriosclerosis - generalized

2 days

?

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Jan. 1952* to *Sept 7, 1952* that I last saw the deceased alive on *Sept 4, 1952*, and that death occurred at *11:55 A.M.*, from the causes and on the date stated above.

23A. SIGNATURE

Paul F. Linder

M. D.

23B. ADDRESS

2623 E. Monument

23C. DATE SIGNED

Sept. 8, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Sept. 10/52

24C. NAME OF CEMETERY OR CREMATORY

Valley Redeemer

24D. LOCATION (City, town, or county)

Balto. Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

SEP 8 1952

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Fr. Brachman

ADDRESS

904 E. Center St

RECEIVED
OFFICE OF THE
ATTORNEY GENERAL
STATE OF NEW YORK

RECEIVED
OFFICE OF THE
ATTORNEY GENERAL
STATE OF NEW YORK

RECEIVED
OFFICE OF THE
ATTORNEY GENERAL
STATE OF NEW YORK

52 8320

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 8320
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

DANIEL ANGELOS DONOHUE

2. DATE
OF
DEATH

Sept. 8, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR US Public Health Service
INSTITUTION Hospital

Wyman Pk. Drive & 31st St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

New York

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

Buffalo

D. STREET ADDRESS (If rural, give location)

118 Kenefick Avenue

C. Length of stay in Baltimore ?

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

6/4/89

9. AGE (in years
last birthday)

63

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Seaman

10B. KIND OF BUSINESS OR
INDUSTRY

Seafarer

11. BIRTHPLACE (State or foreign country)

New York

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Daniel Donohue

14. MOTHER'S MAIDEN NAME

Ellen Neafsy

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

?

16. SOCIAL
SECURITY NO.
106-12-4842

17. INFORMANT

ADDRESS

Records- US PHS Hospital, Balto, Md.

18. 163X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, assthonia, etc. It means the disease,
injury or complication which caused death.)

(A)

Carcinoma, Right Lung

Unknown

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 27, 1952, to Sept. 8, 1952 that I last saw the
deceased alive on Sept. 8, 1952, and that death occurred at 4:30A m., from the causes and on the date stated above.

23A. SIGNATURE

Albert Goerdama

M. D.

23B. ADDRESS

US PHS Hospital, Balto, Md.

23C. DATE SIGNED

9/8/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Sept 9/52

24C. NAME OF CEMETERY OR CREMATORY

Buffalo

24D. LOCATION (City, town or county)

New York

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

Eugene E. Donovan - 3818 Roland Ave

SALESMAN'S HEALTH CERTIFICATE
CERTIFICATE OF HEALTH

NAME		AGE		SEX		DATE	
RESIDENCE		OCCUPATION		EDUCATION		MARRIAGE	
FAMILY HISTORY		PERSONAL HISTORY		PHYSICAL EXAMINATION		LABORATORY TESTS	
SOCIAL HISTORY		MENTAL HISTORY		DIAGNOSIS		TREATMENT	
PROGNOSIS		REMARKS		SIGNATURE		DATE	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **52 8321****52 8321**BIRTH NO. **52-11171**

1. NAME OF DECEASED (Type or Print) DAVID WALLACE		2. DATE OF DEATH September 7, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 19-01	
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital		D. STREET ADDRESS (If rural, give location) 314 N. Carey Street	
Length of stay in Baltimore Life		Yrs. Mos. Days	
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 5-20-52
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child		10B. KIND OF BUSINESS OR INDUSTRY None	9. AGE (In years last birthday) 3 H Under 1 Year Months: Days H Under 24 Hours Hours: Min.
13. FATHER'S NAME Percy Wallace		11. BIRTHPLACE (State or foreign country) Baltimore, City	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY? <input checked="" type="checkbox"/>	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Mattie Lark	
17. INFORMANT Mattie Wallace		ADDRESS 314 N. Carey St.	

CAUSE OF DEATH

18. 571.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Dehydration Stroke	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Diarrhea	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE William J. Lovett	23B. CHIEF MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR.....	23C. DATE SIGNED Sept. 8, 1952
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 9/10/52	24C. NAME OF CEMETERY OR CREMATORY Trt Calvary ct
DATE RECEIVED BY LOCAL REGISTRAR SEP 9 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	24D. LOCATION (City, town, or county) (State) A. A. Co. Md
25. FUNERAL DIRECTOR 1012 W		ADDRESS L. Brown & Son Montgomery St

1902

ATLANTIC OCEAN

1902

436
52 8322

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 8322

BIRTH NO.

1. NAME OF DECEASED
(Type or Print) HARRY COOPER DELCHER

2. DATE OF DEATH
September 8 1952

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE MARYLAND
B. COUNTY

5. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE 3500 CLIFTON AVE.

6. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
BALTIMORE 15-48

7. D. STREET ADDRESS (If rural, give location)
3500 CLIFTON AVE

8. Length of stay in Baltimore 83 Yrs. Mos. Days

9. SEX MALE

10. COLOR OR RACE White

11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED

12. DATE OF BIRTH NOVEMBER 3 1869

13. AGE (In years last birthday) 83

14. If Under 1 Year Months Days

15. If Under 24 Hours Hours Min.

16. 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BROKER

17. 10B. KIND OF BUSINESS OR INDUSTRY Food

18. 11. BIRTHPLACE (State or foreign country) BALTIMORE

19. 12. CITIZEN OF WHAT COUNTRY? USA

20. 13. FATHER'S NAME William Delcher

21. 14. MOTHER'S MAIDEN NAME BARBARA LARRY

22. 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

23. 16. SOCIAL SECURITY NO.

24. 17. INFORMANT ADDRESS Mrs. Freda Delcher 3500 Clifton Ave.

25. 18. 334x I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Epileptiform Convulsions 12 yrs.

26. ANTECEDENT CAUSES DUE TO Cerebral Arteriosclerosis ?

27. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

28. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Senility

29. 19A. DATE OF OPERATION 9

30. 19B. MAJOR FINDINGS OF OPERATION

31. 20. AUTOPSY? YES ☐ NO ☒

32. 21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

33. 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

34. 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

35. 21D. TIME (Month) (Day) (Year) (Hour) INJURY

36. 21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

37. 21F. HOW DID INJURY OCCUR?

38. 22. I hereby certify that I attended the deceased from April 29, 1942, to September 8, 1952, that I last saw the deceased alive on Sept 7, 1952, and that death occurred at 1:30 A. m., from the causes and on the date stated above.

39. 23A. SIGNATURE Melvin W. Borden

40. 23B. ADDRESS 5000 Old Frederick Rd.

41. 23C. DATE SIGNED 9/8/52

42. 24A. BURIAL, CREMATION, REMOVAL (Specify) Burial

43. 24B. DATE 9/10/52

44. 24C. NAME OF CEMETERY OR CREMATORY Loudon Park

45. 24D. LOCATION (City, town, or county) (State) Baltimore, Md.

46. DATE RECEIVED BY LOCAL REGISTRAR

47. REGISTRAR'S SIGNATURE Huntington Williams

48. 25. FUNERAL DIRECTOR ADDRESS W. W. Means and Son 805 N. Calvert St.

49. SEP 9 1952

50. VS 150

8253

BIRMINGHAM CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

8253

HARRY J. JELCHER

320 LEXINGTON AVE

NEW YORK CITY

DECEASED

1900

1900

1900

1900

1900

1900

1900

1900

1900

1900

1900

1900

1900

1900

52 8323

HARRISON
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 8323

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HARRISON, H. Richard

2. DATE OF DEATH

Sept 8, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Church Home & Hosp.

C. Length of stay in Baltimore

life

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE B. COUNTY

md. 15-11

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore BAREVA

D. STREET ADDRESS (If rural, give location)

3921 Bareva Rd.

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years last birthday)

10. Under 1 Year 11. Under 24 Hours

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

DRUGS

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Isaac Harrison (W)

14. MOTHER'S MAIDEN NAME

Sarah Barber

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

life 3921 Bareva Rd.

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary thrombosis
DUE TO myocardial infarction

14 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Pulmonary embolism
DUE TO

5 days

(C) Thrombophlebitis

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Aug 30, 1952 to Sept 8, 1952 that I last saw the deceased alive on Sept 7, 1952, and that death occurred at 8 A m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 9 1952

Huntington Williams, M.D. Jack Lewis Inc - 2100 Euterus Pl

HYATT 10.3 074772

[Faint, illegible text covering the majority of the page, likely bleed-through from the reverse side.]

265

1. NAME OF DECEASED (Type or Print) VICTOR HACKERMAN			2. DATE OF DEATH Sept 8, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md B. COUNTY		
5. FULL NAME OF HOSPITAL OR INSTITUTION Swan			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-18		
6. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 1319 East Ave		
7. SEX M	8. COLOR OR RACE White	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	10. DATE OF BIRTH	11. AGE (in years last birthday) 3	12. If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10B. KIND OF BUSINESS OR INDUSTRY		
13. FATHER'S NAME Steve			14. MOTHER'S MAIDEN NAME Leannette		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT Steve Hackerman - same			ADDRESS		

18. 325.5 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) AMAUROTIC FAMILIAL IDIOCY (TAY-SACHS D.) DUE TO (B) DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Sept 7, 1952 to Sept 8, 1952 that I last saw the deceased alive on Sept 8, 1952 and that death occurred at 12:25 pm. from the causes and on the date stated above.					
23A. SIGNATURE William S. Parker, M. D.		23B. ADDRESS Swan Hospital		23C. DATE SIGNED 9-8-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 9-9-52		24C. NAME OF CEMETERY OR CREMATORY Rosedale	
24D. LOCATION (City, town, or county) (State) Balto, Md		25. FUNERAL DIRECTOR Jack Lewis, 2100 Canton Pl			
DATE RECEIVED BY LOCAL REGISTRAR SEP 9 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		ADDRESS	

1932

25

THE NATIONAL BUREAU OF STANDARDS
WASHINGTON, D. C.

1932

25

1250

350

52 8325

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 8325
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HARRY STEIN

2. DATE
OF
DEATH

9-8-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

936 No Gay St

C. Length of stay in Baltimore

48

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

10-0-12

9. AGE (In years)

40

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Tailor

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Solomon

14. MOTHER'S MAIDEN NAME

Leah

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Rebecca Stein - Same

ADDRESS

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Coronary Thrombosis

INTERVAL BETWEEN
ONSET AND DEATH

10 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Arteriosclerotic Cardio-vascular Disease

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from

deceased alive on 9-7-1952 and that death occurred at 11:20 PM., from the causes and on the date stated above.

23A. SIGNATURE

H. G. Friedman

M. O.

23B. ADDRESS

1109 N. Calvert St

23C. DATE SIGNED

9-8-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

9-9-52

24C. NAME OF CEMETERY OR CREMATORY

Rosedale

24D. LOCATION (City, town, or county)

Baltimore, Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

SEP 9 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Jack Lewis, 2100 Eutan Pl

ADDRESS

VS 150

19520008322

MEDICAL CERTIFICATION

Human
1109760 Colvert

52 8326

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 8326
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Rose Daisy Brannan

2. DATE
OF
DEATH

9/6/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Ashburton Nursing Home

Yrs.
Mos.
Days

C. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Jan 1869

9. AGE (In years,

last birthday)

83

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired

10B. KIND OF BUSINESS OR
INDUSTRY

Millinery

13. FATHER'S NAME

Wm J. Brannan

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

14. MOTHER'S MAIDEN NAME

Jane Theresa Byrne

17. INFORMANT

ADDRESS

18. 153X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Carcinoma of Sigmoid

DUE TO

(B)

Generalized Carcinomatosis

DUE TO

(C)

Congestive Heart Failure

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/1/52, 19__, to 9/6/52, 19__, that I last saw the
deceased alive on 9/6, 1952, and that death occurred at 3 A. m., from the causes and on the date stated above.

23. SIGNATURE

Holland Appercent

M. D.

23B. ADDRESS

2511 Reisterstown Rd

23C. DATE SIGNED

9/7/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

9/9/52

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, MD

25. FUNERAL DIRECTOR

ADDRESS

Wm Cook Inc 1217 St. Paul st.

VS 150

019520008323

MEDICAL CERTIFICATION

200
AB-157414BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 8327
Registered No. _____

BIRTH 52 8327

1. NAME OF DECEASED (Type or Print) Pleasant Mack			2. DATE OF DEATH Sept. 7-1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 17-01		
c. Length of stay in Baltimore 35yrs Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) 561 Orchard St. zone 1		
5. SEX M	6. COLOR OR RACE N	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Sept. 6 1887	9. AGE (in years last birthday) 65	If Under 1 Year Months: _____ Days: _____ If Under 24 Hours Hours: _____ Min: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10B. KIND OF BUSINESS OR INDUSTRY Baugh Chem. Co.	11. BIRTHPLACE (State or foreign country) Virginia		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME Silas Macke (H)			14. MOTHER'S MAIDEN NAME Amanda ?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 4934	17. INFORMANT ADDRESS Baltimore City Hospitals Records: 4940 Eastern Ave.		

18. 203X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Mul tiple Myeloma (A) _____ DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ DUE TO (C) _____ II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH Mul tiple Myeloma INTERVAL BETWEEN ONSET AND DEATH lyr.
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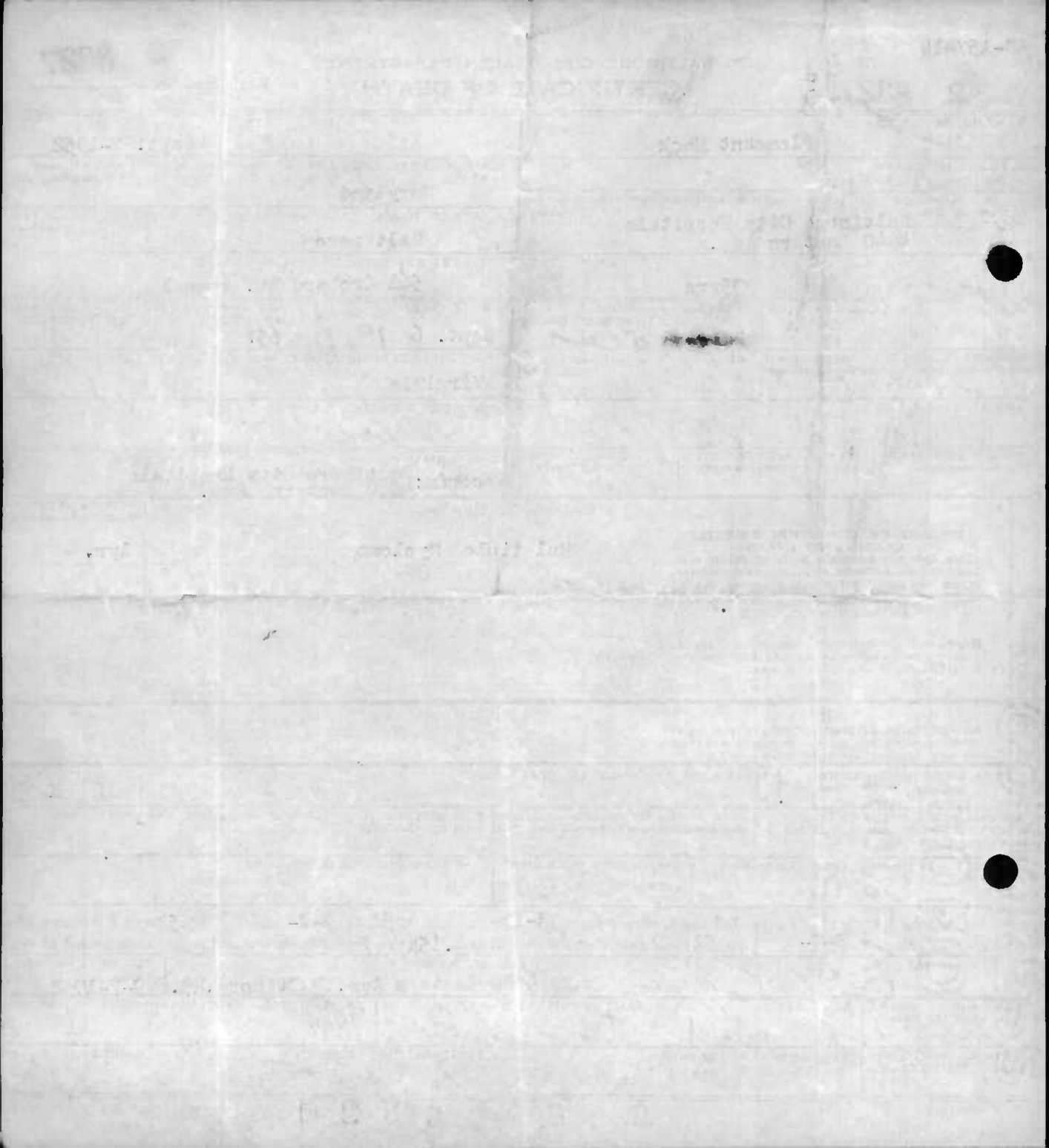
19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **3-13-**, 19**52**, to **9-7-**, 19**52** that I last saw the deceased alive on **9-7-**, 19**52**, and that death occurred at **4.15** a. m., from the causes and on the date stated above.

23A. SIGNATURE [Signature]	23B. ADDRESS 4940 Eastern Ave., Baltimore, Md.	23C. DATE SIGNED 9-7-1952
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 9/11/52	24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn	24D. LOCATION (City, town, or county) (State) Baltimore, Md.
--	-----------------------------	---	--

DATE RECEIVED BY LOCAL REGISTRAR SEP 9 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR A. Halstead	ADDRESS - 918-
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52 8328

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 8328

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

RITCHIE P. TAYLOR

2. DATE
OF
DEATH

September 8, 1952

3. PLACE OF DEATH:
A. Baltimore City, MarylandB. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Mercy Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Md. Balto

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Rogers Forge

D. STREET ADDRESS (If rural, give location)

646 Register Ave.

Length of stay in Baltimore

12Yrs.

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Engineer

10B. KIND OF BUSINESS OR INDUSTRY

Chemical

13. FATHER'S NAME

William A. Taylor

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

401-01-4723

17. INFORMANT

Margaret B. Taylor

ADDRESS

Same

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary occlusion

~~XXXX~~

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Hypertensive cardiovascular disease

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William H. Jenkins

23B. CHIEF MEDICAL EXAMINER.....☐
ASSISTANT MEDICAL EXAMINER.....☒
M.D. MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

Sept. 8, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

9-11-52

24C. NAME OF CEMETERY OR CREMATORY

Fort Lincoln

24D. LOCATION (City, town, or county)

Washington

(State)

D. C.

DATE RECEIVED BY LOCAL REGISTRAR

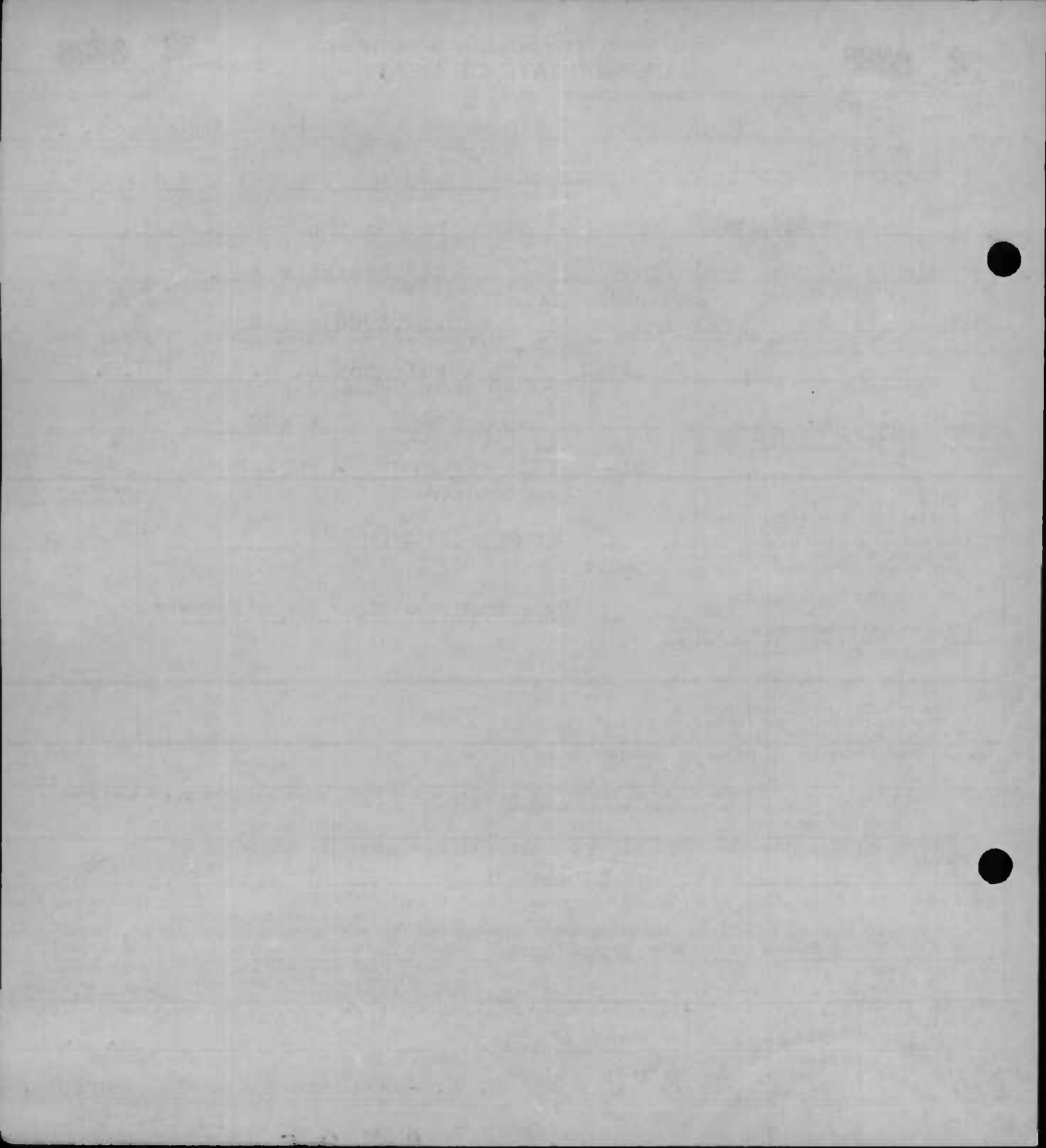
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

H. W. Jenkins & Sons Co. 4905 York Rd.



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 8329
Registered No.

BIRTH NO. 52 8329

1. NAME OF DECEASED (Type or Print) Douglas, Mr Walter (Wladyslaw Dowgiel)		2. DATE OF DEATH 9-7-52	
3. PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
5. FULL NAME OF HOSPITAL OR INSTITUTION Church Home and Hospital		6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
7. LENGTH OF STAY IN BALTIMORE 45 Yrs. Mos. Days		8. STREET ADDRESS (If rural, give location) 410 N. Duncan Street	
9. SEX male	10. COLOR OR RACE white	11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	12. DATE OF BIRTH Dec 10 1880
13. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired		14. AGE (in years last birthday) 72	
15. KIND OF BUSINESS OR INDUSTRY American Sugar Refin.		16. CITIZEN OF WHAT COUNTRY? Poland	
17. FATHER'S NAME unknown John Dowgiel		18. MOTHER'S MAIDEN NAME unknown Karolina ?	
19. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		20. SOCIAL SECURITY NO. 212-09-5980	
21. ADDRESS San Kwiwicz, Mr Mary 219 E. Calles		22. ADDRESS San Kwiwicz, Mr Mary 219 E. Calles	

18. 331X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Hemorrhage		19. INTERVAL BETWEEN ONSET AND DEATH 1 day
20. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Arteriosclerosis		
21. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

23A. DATE OF OPERATION 9-6-52		23B. MAJOR FINDINGS OF OPERATION		24. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
25A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH no		25B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		25C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
26. TIME (Month) (Day) (Year) (Hour) INJURY		27. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> OR WHILE AT WORK <input type="checkbox"/>		28. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **9-6-52** to **9-7-52** that I last saw the deceased alive on **9-7-52** and that death occurred at **2:30 pm.** from the causes and on the date stated above.

23A. SIGNATURE **USG** 23B. ADDRESS **Church Home and Hospital** 23C. DATE SIGNED **9-7-52**

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Sep 10/52		24C. NAME OF CEMETERY OR CREMATORY Holy Rosary		24D. LOCATION (City, town, or county) (State) Baltimore County	
DATE RECEIVED BY LOCAL REGISTRAR SEP 9 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR John H. Weber		ADDRESS 401 S. Charles	

VS 150

69040 000326

MEDICAL CERTIFICATION

1. 2

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

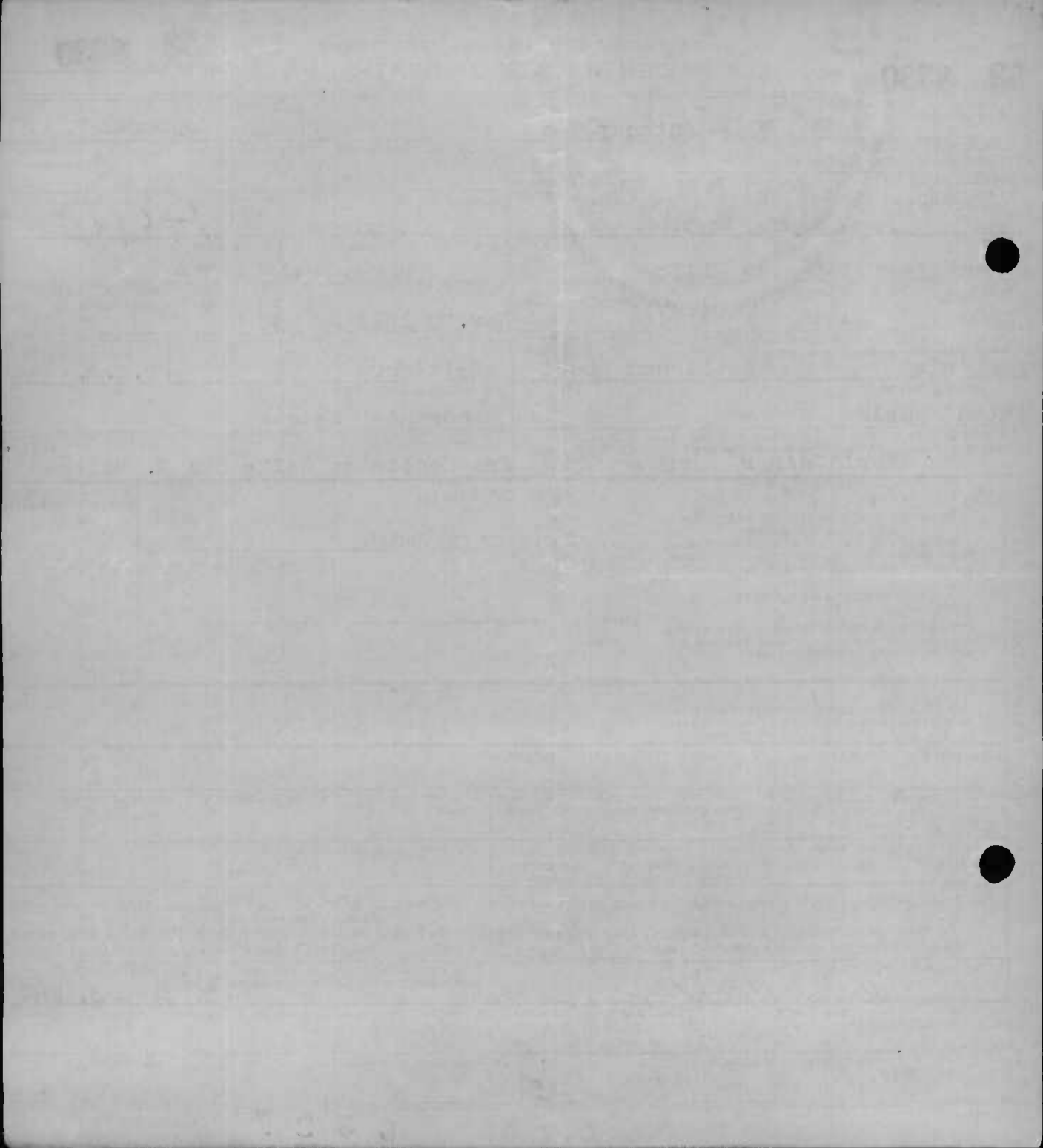
52 8330
Registered No.

52 8330
BIRTH NO.

1. NAME OF DECEASED (Type or Print) FELIX Anthony CALKA			2. DATE OF DEATH September 7, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION Johns Hopkins Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
D. STREET ADDRESS (If rural, give location) 821 S. Milton Avenue			E. LENGTH OF STAY IN BALTIMORE Life		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 20 1911		9. AGE (In years last birthday) 40
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist			10B. KIND OF BUSINESS OR INDUSTRY Bethlehem Steel		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME Antoni Calka			14. MOTHER'S MAIDEN NAME Febronia Nalenc		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) World War 2			16. SOCIAL SECURITY NO. 213-07-5906		
17. INFORMANT Mrs Constance Calka			ADDRESS 821 S. Milton Ave.		

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary occlusion		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Coronary occlusion		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?		
22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .				
23A. SIGNATURE <i>William V. ...</i>		23B. CHIEF MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR.....	23C. DATE SIGNED Sept. 8, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Sept 11 1952	24C. NAME OF CEMETERY OR CREMATORY Holy Rosary Cem	24D. LOCATION (City, town, or county) (State) Baltimore County	
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	25. FUNERAL DIRECTOR <i>Wm. M. Weber</i> ADDRESS 401 S. Chestnut		



260
52 8331BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 8331

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

KATHERINE E BAKER -

2. DATE
OF
DEATH

9-8-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

University Hospital

C. Length of stay in Baltimore

20

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

712 W. Fayette St.

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

March 7 1904

9. AGE (In years
last birthday)

48

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

at Home

13. FATHER'S NAME

Herbert Vance Groves

11. BIRTHPLACE (State or foreign country)

Maryland, Carroll

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. James E. Baker 712 W. Fayette St.

18.

204.4
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

(A) Intra cerebral hemorrhagic

1 day

DUE TO

(B) A leukemia leukemia

6 mo -

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-2-52, 19, to 9-8-52, 19, that I last saw the
deceased alive on 5-1-52, 19, and that death occurred at 3:15 A. m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

52 8332

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 8332

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOHN

GERSTMAYER

2. DATE
OF
DEATH SEPT. 8, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

2716 Bauernwood Avenue

Yrs.
Mos.
Days

C. Length of stay in Baltimore

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Bookkeeper

10B. KIND OF BUSINESS OR
INDUSTRY

13. FATHER'S NAME

John Gerstmyer

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2716 Bauernwood Avenue

8. DATE OF BIRTH

Sept 16, 1872

9. AGE (In years
last birthday)

79

11 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Margaret ?

17. INFORMANT

ADDRESS WOOD

Miss Anna M. Gerstmyer, 2716 Bauernwood

18. 442X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Cardiac Dilatation

1 day

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(B)

Cardio Vascular Renal Disease 3 yrs

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 9, 1950, to Sept. 8, 1952, that I last saw the
deceased alive on September 5, 1952, and that death occurred at 2:05 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Albert Eisenberg

M. D.

23B. ADDRESS

2200 Mayhew Ave

23C. DATE SIGNED

9-8-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

9/11/52

24C. NAME OF CEMETERY OR CREMATORY

Baltimore

24D. LOCATION (City, town, or county)

Baltimore

(State)

Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Leonard J. Ruck, 5305 Harford Road.

Dr. A. E. Eisenberg
2200 Mayfield Ave.

2200 Mayfield Ave.

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 8333

Registered No. _____

52 8333

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Margaret W. Kroeger

2. DATE OF DEATH **Sept. 5/52**

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)
A. STATE **MD.** B. COUNTY _____

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

12 S. Culver St

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Balto. 20-07

D. STREET ADDRESS (If rural, give location)
12 S. Culver St

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX
Female

6. COLOR OR RACE
White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH
July 8, 1878

9. AGE (In years, last birthday) **74**
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
H.W.

10B. KIND OF BUSINESS OR INDUSTRY
Own Home

11. BIRTHPLACE (State or foreign country)
Germany

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME
---Beyer

14. MOTHER'S MAIDEN NAME
Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Andrew A. Kroeger, Sr. 12 S. Culver St

18. **443X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Hypertensive Cardiovascular disease, Generalized**
DUE TO

5 years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) _____
DUE TO
(C) _____

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED
WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Jan 1948**, 19**52**, to **5 Sept**, 19**52**, that I last saw the deceased alive on **5 Sept**, 19**52**, and that death occurred at **10 P.m.**, from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial **Sept. 9/52** **St. Paul's Cemetery** **Violetville, Balto. Md.**

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 9 1952 **Huntington Williams, M.D.** **Harry H. Whitford** **101 Edmondson Ave.**

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STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
OFFICE OF THE REGISTRAR
ALBANY, N. Y.

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26
52 8334BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 8334
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) JAMES FITZGERALD			2. DATE OF DEATH 9-6-52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION 711 St. Paul St.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 11-01		
Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 711 St. Paul St.		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH June 9, 1885	9. AGE (In years last birthday) 67	If Under 1 Year Months: Days Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Rev. salesman			11. BIRTHPLACE (State or foreign country) Ohio		
10B. KIND OF BUSINESS OR INDUSTRY Id. Dry Dock Co.			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME ---Fitzgerald			14. MOTHER'S MAIDEN NAME Unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT Mrs. Kent Hammond			ADDRESS 711 St. Paul St		

18. **E903.5**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.)

(A)

CRANIO CEREBRAL

DUE TO

INJURY

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) street	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) in front of 713 St. Paul Street 11/1
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 9/5/52 10:40 p.	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? intoxicated apparently fell to sidewalk while

22. I certify that I took charge of the remains described above, held an **Autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE R. Fisher	23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>	23C. DATE SIGNED 9-7-52
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 9/10/52	24C. NAME OF CEMETERY OR CREMATORY New Cathedral
24D. LOCATION (City, town, or county) Balto. Md.		(State)

DATE RECEIVED BY LOCAL REGISTRAR SEP 9 1952	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR Harry H. Hight	ADDRESS 4101 Emerson Ave
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VS 151

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BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

430
52 8335
BIRTH NO.

Registered No. 52 8335

1. NAME OF DECEASED (Type or Print) Charles L. Willhide Sr		2. DATE OF DEATH 9/6/52	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE: MD b. COUNTY: Baltimore	
b. FULL NAME OF HOSPITAL OR INSTITUTION DOA - St Agnes Hosp		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto.	
Length of stay in Baltimore 50 yrs		d. STREET ADDRESS (If rural, give location) 23 4th Ave. Lansdowne	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 15, 1882
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Bookkeeper		9. AGE (In years last birthday) 67 69	
10B. KIND OF BUSINESS OR INDUSTRY American Oil Co.		11. BIRTHPLACE (State or foreign country) Hagerstown, Md.	
13. FATHER'S NAME Willhide		14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. 420.0	
17. INFORMANT Mrs. Katherine E. Willhide		ADDRESS 23 4th Ave	

18. 420.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ARTERIOSCLEROTIC HEART DISEASE		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. HEART DISEASE		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I certify that I took charge of the remains described above, held an **Inspection** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE B. Williams		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/>		23C. DATE SIGNED 9/7/52
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 9/10/52	24C. NAME OF CEMETERY OR CREMATORY Meadowridge Mem. Pk.	24D. LOCATION (City, town, or county) (State) Dorsey, Md.	

DATE RECEIVED BY LOCAL REGISTRAR SEP 9 1952	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR Harry A. Witzke	ADDRESS 4101 Edmondson Ave
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2022

2022

STATE OF TEXAS

2022

1/1/22

Case No. 12345

Page 2 of 10

RECEIVED

1/1/22

1/1/22

1/1/22

1/1/22

1/1/22

1/1/22

420

1. NAME OF DECEASED
(Type or Print)

2. DATE OF DEATH

GEORGE WELLS "George H. Wells"

6 SEPT. '52

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY
MARYLAND BALTIMORE

5. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
FRANKLIN SQ. HOSPITAL.

6. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
BALTIMORE 20-05

7. Length of stay in Baltimore
LIFE

8. STREET ADDRESS (If rural, give location)
2211 WILKINS AVE

9. SEX
Male

10. COLOR OR RACE
White

11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Widowed

12. DATE OF BIRTH
11-16-1872

13. AGE (In years last birthday)
79-79

14. If Under 1 Year Months: Days
11-16-1872

15. If Under 24 Hours Hours: Min.
11-16-1872

16. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Pipe Fitter-Retired

17. KIND OF BUSINESS OR INDUSTRY
B. & O. R.R.

18. BIRTHPLACE (State or foreign country)
LAUREL MARYLAND

19. CITIZEN OF WHAT COUNTRY?
U.S.A.

20. FATHER'S NAME
ROBERT WELLS

21. MOTHER'S MAIDEN NAME
MOLL BRYAN

22. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)
No

23. SOCIAL SECURITY NO.
705-03-5099

24. INFORMANT
Virgie I. Davis - 2211 Wilkins Ave

25. ADDRESS
2211 WILKINS AVE

26. CAUSE OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
MYOCARDIAL INSUFFICIENCY 3 DAYS

27. ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
CORONARY ARTERIOSCLEROSIS 7 YRS
GENERALIZED ARTERIOSCLEROSIS 7 YRS

28. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
PATHOLOGICAL FRACTURE OF T7

29. DATE OF OPERATION
NONE

30. MAJOR FINDINGS OF OPERATION
NONE

31. AUTOPSY?
YES ☒ NO ☐

32. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH
21A. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21B. WHERE DID INJURY OCCUR?
21C. TIME (Month) (Day) (Year) (Hour)
21D. INJURY OCCURRED
21E. HOW DID INJURY OCCUR?

33. I hereby certify that I attended the deceased from 6 SEPT 1952 to 6 SEPT 1952, that I last saw the deceased alive on 6 SEPT 1952 and that death occurred at 1030 AM from the causes and on the date stated above.

34. SIGNATURE
Leon W. Darr, M.D.

35. ADDRESS
% FRANKLIN SQ HOSP

36. DATE SIGNED
6 SEPT '52

37. BURIAL, CREMATION, REMOVAL (Specify)
Burial

38. DATE
Sept. 9/52

39. NAME OF CEMETERY OR CREMATORY
Rouder Park Cem.

40. LOCATION (City, town, or county) (State)
Baltimore, Md.

41. DATE RECEIVED BY LOCAL REGISTRAR
SEP 9 1952

42. REGISTRAR'S SIGNATURE
Huntington Williams, MD.

43. FUNERAL DIRECTOR
J. J. Whippert & Son, 1300 E. Baltimore Ave

44. ADDRESS
1300 E. Baltimore Ave

45. VS 150

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7/1/1947

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52 8337

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 8337

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) RIDDLE, MABEL M.		2. DATE OF DEATH 9/7/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 14-03	
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital, Baltimore		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore City	
c. Length of stay in Baltimore 50 yrs.		D. STREET ADDRESS (If rural, give location) 1800 Eutaw Place	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Mar. 24-1889
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Inf. agent		10B. KIND OF BUSINESS OR INDUSTRY Food Products	
13. FATHER'S NAME Abraham Geist		12. CITIZEN OF WHAT COUNTRY? USA	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. 1423 Bolton St	
17. INFORMANT M. Beale & Riddle		ADDRESS 1423 Bolton St	

18. 162X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma of the lung with metastases	CAUSE OF DEATH (A) Carcinoma of the lung with metastases	INTERVAL BETWEEN ONSET AND DEATH 6 months
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) metastases	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 8/1	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **8/1** 19**52** to **9/7** 19**52**, that I last saw the deceased alive on **9/7** 19**52**, and that death occurred at **6:54** A. M., from the causes and on the date stated above.

23A. SIGNATURE **Richard C. Packert M. D.** 23B. ADDRESS **University Hospital** 23C. DATE SIGNED **9/7/52**

24A. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24B. DATE **Sept. 10-52** 24C. NAME OF CEMETERY OR CREMATORY **Western Cemetery** 24D. LOCATION (City, town, or county) (State) **Baltd. Md.**

DATE RECEIVED BY LOCAL REGISTRAR **SEP 9 1952** REGISTRAR'S SIGNATURE **H. J. Williams, M.D.** 25. FUNERAL DIRECTOR **Geo. R. Beyer Jr.** ADDRESS **1512 Hollins St**

52 8338
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 8338
Registered No.1. NAME OF DECEASED
(Type or Print)

Annie Briscoe

2. DATE
OF
DEATH

9-5-52

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

1016 N. Gilmore st

c. Length of stay in Baltimore

Ltr

Yrs.
Mos.
Days

5. SEX

7

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

W

10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

House wife

10b. KIND OF BUSINESS OR
INDUSTRY

13. FATHER'S NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

c. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Balto

16-03

d. STREET ADDRESS (If rural, give location)

1016 N. Gilmore st

8. DATE OF BIRTH

9-19-80

9. AGE (in years
last birthday)

71

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

md

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

14. MOTHER'S MAIDEN NAME

Katie Harrison

17. INFORMANT

ADDRESS

Elizabeth Gaskins 1016 N. Gilmore st

18. 443X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Cerebro-vascular accident

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Hypertensive Cardiovascular Disease

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21a. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21b. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21e. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-26-, 1952, to 9-5-, 1952, that I last saw the
deceased alive on 9-5-, 1952, and that death occurred at 10:55 p.m., from the causes and on the date stated above.

23a. SIGNATURE

23b. ADDRESS

23c. DATE SIGNED

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 9 1952

Huntington Williams, M.D.

George S. Wilson 1303
5/Princeton St

IN SENATE
 JANUARY 1, 1918

REPORT OF THE
 COMMISSIONER OF THE LAND OFFICE

1917

ALBANY: J.B. LIPPINCOTT COMPANY, PRINTERS
 1918

THE STATE OF NEW YORK
 OFFICE OF THE COMMISSIONER OF THE LAND OFFICE

ALBANY, N.Y., JANUARY 1, 1918

TO THE SENATE

AND TO THE HOUSE OF REPRESENTATIVES

IN SENATE

JANUARY 1, 1918

R-552
52 8339BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 8339
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Louis Rainone

2. DATE
OF
DEATH

9/8/52

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Sinai Hospital

c. Length of stay in Baltimore

40 Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

Md.
A. STATE
B. COUNTY

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

d. STREET ADDRESS (If rural, give location)

725 E. Chase St 10-01

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

BARBER

10b. KIND OF BUSINESS OR INDUSTRY

Self Employed

8. DATE OF BIRTH

12/17/25

9. AGE (in years last birthday)

66

10. Under 1 Year
Months: Days
11. Under 24 Hours
Hours: Min.

8 13

11. BIRTHPLACE (State or foreign country)

Italy

12. CITIZEN OF
WHAT COUNTRY?

U.S.A

13. FATHER'S NAME

Rayfield Rainone

14. MOTHER'S MAIDEN NAME

Colletta ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs Clara Cantale 1503 E. 28 St.

18. 162X I CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pulmonary edema and shock

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Myocardial Failure
(C) Bronchogenic CarcinomaCarcinoma of Bladder
Mediastinal MassII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21a. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21b. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21d. TIME (Month) (Day) (Year) (Hour)
INJURY

21e. INJURY OCCURRED

m. WHILE AT WORK ☐ NOT WHILE
AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/26, 1952 to 9/8, 1952, that I last saw the deceased alive on 9/8, 1952, and that death occurred at 3:10 A.M., from the causes and on the date stated above.

23a. SIGNATURE

Irvin Miller M. D.

23b. ADDRESS

Sinai Hosp

23c. DATE SIGNED

9/8/52

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)Burial
DATE RECEIVED BY
LOCAL REGISTRAR

24b. DATE

9-11-1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

24c. NAME OF CEMETERY OR CREMATORY

Holy Redeemed Cemetery, Baltimore

24d. LOCATION (City, town, or county)

Md.

25. FUNERAL DIRECTOR

ADDRESS

Edmund W. Conklin 924 E. Eager

VS 150

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MEDICAL CERTIFICATION

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[Faint, illegible text, likely bleed-through from the reverse side of the page]

C-512
52 8340BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 8340
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) Clyde Floyd Combs		2. DATE OF DEATH Sept. 8 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland 16 S. Exeter St.		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md. B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Balto.			
C. Length of stay in Baltimore 2 yrs		D. STREET ADDRESS (If rural, give location) 16 S. Exeter St.			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 14 1888	9. AGE (In years last birthday) 64	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Police		10B. KIND OF BUSINESS OR INDUSTRY City Dept.		11. BIRTHPLACE (State or foreign country) Kentucky	
13. FATHER'S NAME Jack Combs		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
14. MOTHER'S MAIDEN NAME Rachel Combs		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No			
16. SOCIAL SECURITY NO. 404-30-9113		17. INFORMANT ADDRESS Mrs Clyde Combs 16 S. Exeter St.			
18. 163X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					INTERVAL BETWEEN ONSET AND DEATH 2 wks
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 13 Jun. 1952 to 8 Sep. 1952 , that I last saw the deceased alive on 8 Sep. 1952 , and that death occurred at 1:30 p.m. , from the causes and on the date stated above.					
23A. SIGNATURE Thella M.D.		23B. ADDRESS 2214 E. Fayette St		23C. DATE SIGNED 9 Sep 52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Sept 11 1952		24C. NAME OF CEMETERY OR CREMATORY Williams Cem. Ashland Ky.	
24D. LOCATION (City, town, or county) (State) Ashland Kentucky.		24E. FUNERAL DIRECTOR Frank D. H. H. H.		24F. ADDRESS 322 S. High St. Balto. Md.	
DATE RECEIVED BY LOCAL REGISTRAR 19 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Frank D. H. H. H.	

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RECEIVED
OFFICE OF THE
SHERIFF

10/10/80

Received from
[illegible]

N-655

BIRTH NO. 52 8341

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 8341

1. NAME OF DECEASED (Type or Print) George A. Norman			2. DATE OF DEATH Sept. 8, 1952		
3. PLACE OF DEATH: <input checked="" type="checkbox"/> Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE md. B. COUNTY		
5. FULL NAME OF HOSPITAL OR INSTITUTION Maryland General Hosp.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
6. Length of stay in Baltimore life			D. STREET ADDRESS (If rural, give location) 900 Cathedral St. 11-02		
7. SEX m.	8. COLOR OR RACE white	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	10. DATE OF BIRTH April 12, 1886		11. AGE (In years last birthday) 66
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman			10B. KIND OF BUSINESS OR INDUSTRY Metal Signs		12. CITIZEN OF WHAT COUNTRY? American
13. FATHER'S NAME George A. Norman			14. MOTHER'S MAIDEN NAME Lilly E. Wood		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No			16. SOCIAL SECURITY NO.		
17. INFORMANT Frank L. Norman			ADDRESS 319 Dunkirk Rd.		

18. **331X** CAUSE OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
Cerebral Hemorrhage
DUE TO

INTERVAL BETWEEN ONSET AND DEATH
21 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **Aug. 17, 1952** to **Sept. 8, 1952**, that I last saw the deceased alive on **Sept. 8, 1952**, and that death occurred at **11:15 AM** from the causes and on the date stated above.

23A. SIGNATURE Sze-Jui Lin		23B. ADDRESS md. General Hosp.		23C. DATE SIGNED Sept. 8, 52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 9/11/52	24C. NAME OF CEMETERY OR CREMATORY Green Mount		24D. LOCATION (City, town, or county) (State) Balto. Md.	

DATE RECEIVED BY LOCAL REGISTRAR SEP 9 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Wm. Bok Inc.	ADDRESS 1217 St. Paul St.
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THURSDAY, APRIL 10, 1902

DEPT. OF AGRICULTURE

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 8342
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) VINCENT SABINO		2. DATE OF DEATH September 7, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION South Baltimore General Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 1264 Glyndon Avenue		E. LENGTH OF STAY IN BALTIMORE Yrs. _____ Mos. _____ Days _____	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 5/8/1896
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10B. KIND OF BUSINESS OR INDUSTRY Building	9. AGE (In years last birthday) 56
13. FATHER'S NAME S. Sabino		11. BIRTHPLACE (State or foreign country) Italy	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		12. CITIZEN OF WHAT COUNTRY? Italy	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME S.	
17. INFORMANT Doris M. Sabino		ADDRESS 1264 Glyndon Ave.	

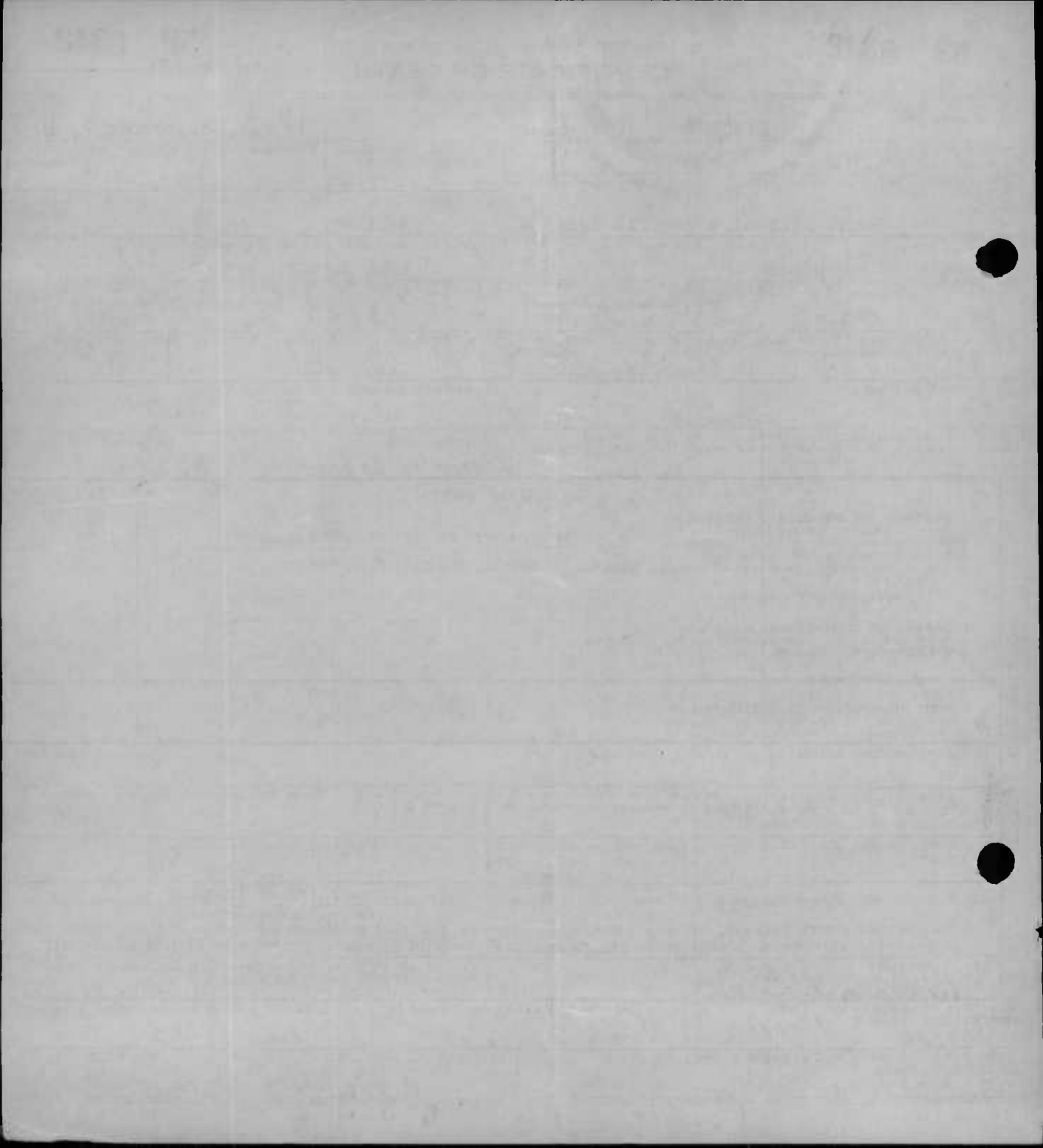
CAUSE OF DEATH

18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.) (A) Hypertensive arteriosclerotic cardiovascular disease (B) _____ (C) _____ ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ (C) _____ OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. _____	INTERVAL BETWEEN ONSET AND DEATH _____
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19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **Inspection & Inquiry** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: **natural causes** ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE William Updegraff	23B. CHIEF MEDICAL EXAMINER..... <input type="checkbox"/> M.D. MEDICAL INVESTIGATOR..... <input type="checkbox"/>	23C. DATE SIGNED Sept. 8, 1952
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 9/10/52	24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer
24D. LOCATION (City, town, or county) (State) Balto., Md.	25. FUNERAL DIRECTOR Wm. Cook, Inc. 1217 St. Paul St.	
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE Huntington Williams	ADDRESS 37029 3 5 9



G-652
52 8343BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 8343
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Ella Florence Garmhausen</i>		2. DATE OF DEATH <i>Sept. 7, 1952</i>	
3. PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY	
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>2818 Alvarado Sq</i>		6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i> <i>27-07</i>	
7. Length of stay in Baltimore <i>Life</i>		8. STREET ADDRESS (If rural, give location) <i>2818 Alvarado Square</i>	
9. SEX <i>F</i>	10. COLOR OR RACE <i>W.</i>	11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	12. DATE OF BIRTH <i>Mar 17-1865</i>
13. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Ret. Bookkeeper.</i>		14. AGE (In years last birthday) <i>87.</i>	
15. FATHER'S NAME <i>John Garmhausen</i>		16. CITIZEN OF WHAT COUNTRY?	
17. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		18. SOCIAL SECURITY NO. <i>None</i>	
19. DATE OF OPERATION <i>420.0</i>		20. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <i>Arteriosclerotic Heart Disease</i> DUE TO INTERVAL BETWEEN ONSET AND DEATH <i>8 yrs.</i>	
21. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C)		22. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
23. DATE OF OPERATION <i>0</i>		24. MAJOR FINDINGS OF OPERATION	
25. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		26. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.)	
27. TIME (Month) (Day) (Year) (Hour) INJURY		28. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
29. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK		30. HOW DID INJURY OCCUR?	
31. I hereby certify that I attended the deceased from <i>Apr. 1, 1944</i> to <i>Sept 7, 1952</i> , that I last saw the deceased alive on <i>Sept 4, 1952</i> , and that death occurred at <i>8 A. m.</i> , from the causes and on the date stated above.			
32. SIGNATURE <i>George Danvers</i>		33. ADDRESS <i>4808 Harbor Rd.</i>	
34. DATE <i>9/10/52</i>		35. DATE SIGNED <i>9/8/52</i>	
36. NAME OF CEMETERY OR CREMATORY <i>Western Cem.</i>		37. LOCATION (City, town, or county) (State) <i>Baltimore Md.</i>	
38. DATE RECEIVED BY LOCAL REGISTRAR		39. REGISTRAR'S SIGNATURE <i>Wm Cook Inc. Baltimore, Md.</i>	

Huntington Williams, M.D.

8340

1918

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STATE OF TEXAS
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

No. _____

County of _____

City of _____

State of _____

Decedent's Name _____

Age _____

Sex _____

Color _____

Marital Status _____

Occupation _____

Place of Birth _____

Date of Birth _____

Date of Death _____

Time of Death _____

Place of Death _____

Cause of Death _____

Immediate Cause _____

Underlying Cause _____

Contributing Cause _____

Signature of Physician _____

Signature of Registrar _____

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Harry, Mr John W.

2. DATE
OF
DEATH

9-8-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Church Home & Hospital

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Patrolman

10B. KIND OF BUSINESS OR
INDUSTRY

13. FATHER'S NAME

Harry, Mr Harry

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

213-07-5377

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Maryland

B. COUNTY

Co.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

5300

D. STREET ADDRESS (If rural, give location)

Box 302-A Route 10

8. DATE OF BIRTH

Feb. 12, 1876

9. AGE (in years
or birthday)

76

11. Under 1 Year

Months: Days

12. Under 24 Hours

Hours: Min.

11. BIRTHPLACE (State or foreign country)

Md

12. CITIZEN OF
WHAT COUNTRY?

USA

14. MOTHER'S MAIDEN NAME

Biddison Alice

17. INFORMANT

Patient

ADDRESS

18. 443X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)(A) Congestive heart failure
DUE TO

1 year

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) hypertensive cardiovascular
DUE TO

disease

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 7, 1952, to Sept. 8th, 1952 that I last saw the
deceased alive on Sept 8, 1952, and that death occurred at 11:45 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

Huntington Williams, 1520 North Broadway, Baltimore, Md.

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Name of Deceased		Sex		Age	
Date of Death		Place of Death		Cause of Death	
Occupation		Education		Religion	
Marital Status		Previous Illnesses		Manner of Death	
Signature of Physician		Signature of Coroner		Signature of Registrar	
Date of Report		Time of Report		Place of Report	
Signature of Reporter		Signature of Witness		Signature of Second Witness	
Signature of Third Witness		Signature of Fourth Witness		Signature of Fifth Witness	
Signature of Sixth Witness		Signature of Seventh Witness		Signature of Eighth Witness	
Signature of Ninth Witness		Signature of Tenth Witness		Signature of Eleventh Witness	
Signature of Twelfth Witness		Signature of Thirteenth Witness		Signature of Fourteenth Witness	
Signature of Fifteenth Witness		Signature of Sixteenth Witness		Signature of Seventeenth Witness	
Signature of Eighteenth Witness		Signature of Nineteenth Witness		Signature of Twentieth Witness	
Signature of Twenty-first Witness		Signature of Twenty-second Witness		Signature of Twenty-third Witness	
Signature of Twenty-fourth Witness		Signature of Twenty-fifth Witness		Signature of Twenty-sixth Witness	
Signature of Twenty-seventh Witness		Signature of Twenty-eighth Witness		Signature of Twenty-ninth Witness	
Signature of Thirtieth Witness		Signature of Thirty-first Witness		Signature of Thirty-second Witness	
Signature of Thirty-third Witness		Signature of Thirty-fourth Witness		Signature of Thirty-fifth Witness	
Signature of Thirty-sixth Witness		Signature of Thirty-seventh Witness		Signature of Thirty-eighth Witness	
Signature of Thirty-ninth Witness		Signature of Fortieth Witness		Signature of Forty-first Witness	
Signature of Forty-second Witness		Signature of Forty-third Witness		Signature of Forty-fourth Witness	
Signature of Forty-fifth Witness		Signature of Forty-sixth Witness		Signature of Forty-seventh Witness	
Signature of Forty-eighth Witness		Signature of Forty-ninth Witness		Signature of Fiftieth Witness	

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52 8346

52 8346

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED (Type or Print) Fred D. Brown Sr.		2. DATE OF DEATH SEP 7 - 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md. B. COUNTY	
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL		C. CITY OR TOWN, (If outside corporate limits, write RURAL and give township) Baltimore 10-02	
6. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 923 Somerset St.	
5. SEX male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH 2-28-95
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Librarian		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 57
11. BIRTHPLACE (State or foreign country) Va		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Robert Brown		14. MOTHER'S MAIDEN NAME Odeline	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT JOHNS HOPKINS HOSPITAL		ADDRESS	
18. 610 X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Uremia		INTERVAL BETWEEN ONSET AND DEATH 10 days	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. transfusion reaction?, shock & lower nephron nephrosis			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Possible myocardial infarct			
19A. DATE OF OPERATION Aug 29 '52		19B. MAJOR FINDINGS OF OPERATION Bleeds Prostatic Hypertrophy	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 8-28-1952 to 9-7-1952 that I last saw the deceased alive on 9-7-1952 and that death occurred at 4 A m., from the causes and on the date stated above.			
23A. SIGNATURE Alvin Harris		23B. ADDRESS JOHNS HOPKINS HOSPITAL	
23C. DATE SIGNED			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Sept. 11-1952	
24C. NAME OF CEMETERY OR CREMATORY Int Calvary Cemetery		24D. LOCATION (City, town, or county) (State) A A Co Md	
DATE RECEIVED BY LOCAL REGISTRAR SEP 9 1952		REGISTRAR'S SIGNATURE Thurston Williams	
FUNERAL DIRECTOR Robert Williams		ADDRESS 1515 M. E. Delany St	

VS 150

195208343

MEDICAL CERTIFICATION

STATE OF NEW YORK
 DEPARTMENT OF HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH

300 3

1. Name of deceased: *John Doe*
 2. Sex: *Male*
 3. Age: *45*
 4. Date of birth: *Jan 15, 1900*
 5. Place of birth: *New York City*
 6. Date of death: *Dec 10, 1945*
 7. Place of death: *New York City*
 8. Cause of death: *Heart Disease*
 9. Manner of death: *Natural*
 10. Signature of physician: *John Doe*
 11. Signature of registrar: *John Doe*
 12. Signature of coroner: *John Doe*

13. Name of informant: *John Doe*
 14. Address of informant: *123 Main St, New York City*
 15. Date of report: *Dec 15, 1945*
 16. Signature of informant: *John Doe*
 17. Signature of registrar: *John Doe*
 18. Signature of coroner: *John Doe*

19. Name of informant: *John Doe*
 20. Address of informant: *123 Main St, New York City*
 21. Date of report: *Dec 15, 1945*
 22. Signature of informant: *John Doe*
 23. Signature of registrar: *John Doe*
 24. Signature of coroner: *John Doe*

52 8347

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 8347

Registered No.

1. NAME OF DECEASED (Type or Print) ESTELLE PEARL LOTSEY			2. DATE OF DEATH Sept. 6, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland 1114 N. Luzerne Ave.			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY		
5. FULL NAME OF HOSPITAL OR INSTITUTION			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 8-03		
6. Length of stay in Baltimore 50 yrs.			D. STREET ADDRESS (If rural, give location) 1114 N. Luzerne Ave.		
7. SEX female	8. COLOR OR RACE white	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	10. DATE OF BIRTH April 16, 1885		11. AGE (In years last birthday) 67
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife			10B. KIND OF BUSINESS OR INDUSTRY at home		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Thomas Saumenig			14. MOTHER'S MAIDEN NAME Ida Hobbs		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Adelaide Holthaus, dght, above		

18. 153X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
(A) Generalized Carcinomatous		DUE TO		3 yrs -
(B) Carcinoma Intestines		DUE TO		
(C)				
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.				
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		Possible Ca. of Throat		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **8/15/12**, 19**12**, to **9/6/12**, 19**12**, that I last saw the deceased alive on **9/6**, 19**12**, and that death occurred at **6:40** a. m., from the causes and on the date stated above.

23A. SIGNATURE Med J		23B. ADDRESS 264 E. Monument St.		23C. DATE SIGNED 9/8/12
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Sept. 10, 1952	24C. NAME OF CEMETERY OR CREMATORY Parkwood Cem.	24D. LOCATION (City, town, or county) (State) Taylor Ave., Balto. Md.	
DATE RECEIVED BY LOCAL REGISTRAR SEP 9 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS Schimunek Funeral Home, Inc. 2601-3-5 E. Madison St.	

STATEMENT OF DEATH
CERTIFICATE OF DEATH

NAME OF DECEASED

DATE OF DEATH

AGE

SEX

EDUCATION

RELIGION

OCCUPATION

CAUSE OF DEATH

PLACE OF DEATH

DATE OF BURIAL

PLACE OF BURIAL

NAME OF FUNERAL HOME

NAME OF MINISTER

NAME OF CLERGYMAN

NAME OF CHURCH

NAME OF CEMETERY

NAME OF INTERVIEWER

NAME OF WITNESS

NAME OF DECEASED

DATE OF DEATH

600

52 8348

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 8348

Registered No.

IRTH NO.

1. NAME OF DECEASED (Type or Print) Mayer, Emil			2. DATE OF DEATH 9/7/52		
3. PLACE OF DEATH: Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
5. FULL NAME OF (If not in hospital or institution, give street address or location) FRANKLIN SQUARE HOSPITAL			6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 25-05		
7. Length of stay in Baltimore 50 yrs.			8. STREET ADDRESS (If rural, give location) 1514 Elm Tree Street		
9. SEX M	10. COLOR OR RACE W	11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M.	12. DATE OF BIRTH Feb. 25, 1882	13. AGE (In years last birthday) 70	14. If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
15. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. and Blacksmith - Beth. Steel Corp.			16. BIRTHPLACE (State or foreign country) CZECH.		
17. FATHER'S NAME Emil Mayer			18. CITIZEN OF WHAT COUNTRY? U.S.A.		
19. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) no			20. SOCIAL SECURITY NO.		
21. INFORMANT Helen Derr			22. ADDRESS MT. Wilson Hospital		

18. **420.1 and 260x**
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH
(A) **Coronary Heart disease**
DUE TO

INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Debate, Arthritis

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **June 20, 1946** to **Sept 7, 1952** that I last saw the deceased alive on **9/7, 1952**, and that death occurred at **2:05 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE Samuel R. Ruh	23B. ADDRESS 203 Bataspore	23C. DATE SIGNED 9/7/52
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Sept. 11, 1952	24C. NAME OF CEMETERY OR CREMATORY Holy Cross Cemetery	24D. LOCATION (City, town, or county) (State) Ritchie Highway, Balto. Md.
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DATE RECEIVED BY LOCAL REGISTRAR SEP 9 1952	REGISTRAR'S SIGNATURE Huntington Williams, MD	25. FUNERAL DIRECTOR Schimunek Funeral Home, Inc.	ADDRESS 2601-3-5 E. Madison St.
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VS 150

1 50/230 00 8348

MEDICAL CERTIFICATION

100

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 8349
Registered No. 52 8349

1. NAME OF DECEASED (Type or Print) MARIA WOODWARD SANFORD			2. DATE OF DEATH Sept. 7, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE Md. B. COUNTY		
5. FULL NAME OF HOSPITAL OR INSTITUTION Pine Ridge Nursing Home			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 7-01		
6. Length of stay in Baltimore 50 yrs.			D. STREET ADDRESS (If rural, give location) 707 N. Curley St.		
7. SEX female	8. COLOR OR RACE white	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	10. DATE OF BIRTH Dec. 21, 1878		11. AGE (In years last birthday) 73
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10B. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (State or foreign country) Middlesex Co. Va.		12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME unknown			14. MOTHER'S MAIDEN NAME unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS		

18. 450.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) <u>Bronchopneumonia</u> DUE TO (B) <u>Generalized arteriosclerosis</u> DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH <u>1 wk.</u> <u>3 yrs.</u>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from June 1949, to Sept 7, 1952 that I last saw the deceased alive on Sept 6, 1952, and that death occurred at 7 A. m., from the causes and on the date stated above.

23A. SIGNATURE Conrad L. Richter		23B. ADDRESS 3128 Harford Rd		23C. DATE SIGNED 9/8/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Sept. 10, 1952		24C. NAME OF CEMETERY OR CREMATORY Cedar Hill Cem.	
				24D. LOCATION (City, town, or county) (State) Ritchie Hwy., Balto. Md.	

DATE RECEIVED BY LOCAL REGISTRAR SEP 9 1952		REGISTRAR'S SIGNATURE H. H. Williams, M.D.		25. FUNERAL DIRECTOR Schimunek Funeral Home, Inc. 2601-3-5 E. Madison St.	
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STATE OF NEW YORK
CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age		4. Date of death	
5. Place of death		6. Cause of death		7. Manner of death		8. Signature of physician	
9. Signature of registrar		10. Signature of informant		11. Signature of witness		12. Signature of funeral director	
13. Signature of coroner		14. Signature of justice of the peace		15. Signature of health officer		16. Signature of other official	
17. Signature of other official		18. Signature of other official		19. Signature of other official		20. Signature of other official	
21. Signature of other official		22. Signature of other official		23. Signature of other official		24. Signature of other official	
25. Signature of other official		26. Signature of other official		27. Signature of other official		28. Signature of other official	
29. Signature of other official		30. Signature of other official		31. Signature of other official		32. Signature of other official	
33. Signature of other official		34. Signature of other official		35. Signature of other official		36. Signature of other official	
37. Signature of other official		38. Signature of other official		39. Signature of other official		40. Signature of other official	
41. Signature of other official		42. Signature of other official		43. Signature of other official		44. Signature of other official	
45. Signature of other official		46. Signature of other official		47. Signature of other official		48. Signature of other official	
49. Signature of other official		50. Signature of other official		51. Signature of other official		52. Signature of other official	
53. Signature of other official		54. Signature of other official		55. Signature of other official		56. Signature of other official	
57. Signature of other official		58. Signature of other official		59. Signature of other official		60. Signature of other official	
61. Signature of other official		62. Signature of other official		63. Signature of other official		64. Signature of other official	
65. Signature of other official		66. Signature of other official		67. Signature of other official		68. Signature of other official	
69. Signature of other official		70. Signature of other official		71. Signature of other official		72. Signature of other official	
73. Signature of other official		74. Signature of other official		75. Signature of other official		76. Signature of other official	
77. Signature of other official		78. Signature of other official		79. Signature of other official		80. Signature of other official	
81. Signature of other official		82. Signature of other official		83. Signature of other official		84. Signature of other official	
85. Signature of other official		86. Signature of other official		87. Signature of other official		88. Signature of other official	
89. Signature of other official		90. Signature of other official		91. Signature of other official		92. Signature of other official	
93. Signature of other official		94. Signature of other official		95. Signature of other official		96. Signature of other official	
97. Signature of other official		98. Signature of other official		99. Signature of other official		100. Signature of other official	

600

FORREX.
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 8350
Registered No.

52 8350
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <u>Edith Porrea</u>		2. DATE OF DEATH <u>Sept 8-1952</u>				
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>Baltimore Md.</u> B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Hood Nursing Home</u> C. Length of stay in Baltimore Yrs. <u>0</u> Mos. <u>0</u> Days <u>0</u>		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>Baltimore</u> C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u> <u>26-05</u> D. STREET ADDRESS (If rural, give location) <u>347 Elms Street</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>March 7-1900</u>	9. AGE (In years last birthday) <u>52</u> If Under 1 Year: Months <u>6</u> Days <u>1</u> If Under 24 Hours: Hours <u>0</u> Min. <u>0</u>	10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Italy</u> 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <u>?</u>			14. MOTHER'S MAIDEN NAME <u>Bore</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <u>Josephine Bore, 347 Elms St.</u>		

MEDICAL CERTIFICATION

18. 171X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>CANCER OF CERVIX</u> ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH <u>4 MONTHS</u>			
19A. DATE OF OPERATION <u>NONE</u>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) <u>NO</u>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>NO</u>	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY m. <u>0</u>	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>MAY 1</u> , 19 <u>52</u> to <u>SEPT. 7</u> , 19 <u>52</u> that I last saw the deceased alive on <u>SEPT. 7</u> , 19 <u>52</u> and that death occurred at <u>4⁰⁵</u> m., from the causes and on the date stated above.					
23A. SIGNATURE <u>Francis L. Grumline</u> M. D.	23B. ADDRESS <u>809 MEDICAL ARTS</u>	23C. DATE SIGNED <u>9/8/52</u>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24B. DATE <u>Sept 11-1952</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Loured Heart Con.</u>	24D. LOCATION (City, town, or county) (State) <u>German Hill Rd. Balto Md</u>		
DATE RECEIVED BY LOCAL REGISTRAR <u>SEP 9 1952</u>		REGISTRAR'S SIGNATURE <u>H. J. Williams</u>		25. FUNERAL DIRECTOR ADDRESS <u>Joseph Larace, Inc 2013 Greenmount Ave</u>	

1 5 2 0 8 3 4 7

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 8351
Registered No.

250
324
52 8351
BIRTH NO.

1. NAME OF DECEASED (Type or Print) GERTRUDE BITZELL MASON			2. DATE OF DEATH Sept. 8, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY 13-02		
5. FULL NAME OF HOSPITAL OR INSTITUTION 3807 Beech Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
6. LENGTH OF STAY IN BALTIMORE			D. STREET ADDRESS (If rural, give location) 613 Reservoir St.		
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH Oct. 6, 1882		9. AGE (In years last birthday) 69
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) never worked			11. BIRTHPLACE (State or foreign country) Md.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME ?			14. MOTHER'S MAIDEN NAME Bitzell		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) none		16. SOCIAL SECURITY NO. none	17. INFORMANT ADDRESS Mr. Donald K. Belt - 5103 Roland Ave.		

18. 442X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral embolism		INTERVAL BETWEEN ONSET AND DEATH Instant
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Hypertensive arteriosclerotic cardiovascular renal disease.		1/8/50
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **January 8, 1950** to **Sept. 8, 1952** that I last saw the deceased alive on **Sept. 6, 1952** and that death occurred at **2:00 P.M.**, from the causes and on the date stated above.

23A. SIGNATURE <i>Edward J. Kump</i>		23B. ADDRESS M. D. 4116 Edmondson Avenue		23C. DATE SIGNED Sept. 9, 1952
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 9/11/52	24C. NAME OF CEMETERY OR CREMATORY Loudon Park Cem.	24D. LOCATION (City, town, or county) (State) Balto., Md.	
DATE RECEIVED BY LOCAL REGISTRAR SEP 9 1952	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR ADDRESS <i>Wm. J. Vickner & Sons</i>		

52 8352

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 8352
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

RICHARD T HAMPTON

2. DATE
OF
DEATH

9/8/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

(DOA) UNION MEMORIAL (HOSP)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Md.

B. COUNTY

before admission)

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

27-13

D. STREET ADDRESS (If rural, give location)

710 Wyndhurst Ave.

C. Length of stay in Baltimore

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Oct. 26, 1901

9. AGE (In years

last birthday)

50

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

salesman

10B. KIND OF BUSINESS OR

Store INDUSTRY

Retail Sporting Goods Maryland

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Richard Hampton

14. MOTHER'S MAIDEN NAME

Zora Taylor

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Hildred V. Hampton - 710 Wyndhurst / Ave

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Coronary Artery Sclerosis

6 years

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. S. Fisher

23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED 9/8/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

9/11/52

24C. NAME OF CEMETERY OR CREMATORY

Moreland Mem.

24D. LOCATION (City, town, or county)

Parkville, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. J. Tickener & Sons

ADDRESS

VS 151

549064 8342 Balto, Md.

SEP 28 1964

MT 1964

SEP 28 1964

SEP 28 1964

SEP 28 1964

SEP 28 1964

SEP 28 1964

SEP 28 1964

SEP 28 1964

SEP 28 1964

SEP 28 1964

2. Y. 1964
1. 1964

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 82 8353

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

EUNICE K. HUFF

2. DATE OF DEATH September 7, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION
Franklin Square Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 19-02

C. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)
1306 W. Lexington Street

5. SEX Female
6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
M.

8. DATE OF BIRTH

MAR. 25-1918

9. AGE (In years last birthday) 34
If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)
N.C.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

ROB. SMITH

14. MOTHER'S MAIDEN NAME

MINTA

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Bass-Smith Funeral Home Hickory N.C.

18. 581.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Fatty Infiltration of Liver
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

B. J. Fisher M.D.

23B. CHIEF MEDICAL EXAMINER... ASSISTANT MEDICAL EXAMINER... MEDICAL INVESTIGATOR...

23C. DATE SIGNED

9-7-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

9-9-52

24C. NAME OF CEMETERY OR CREMATORY

Hickory

24D. LOCATION (City, town, or county) (State)

North Carolina

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Wm Cook, Inc

ADDRESS

1217 St Paul St. 2

RECEIVED

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52 8354

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 8354

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JAMES E. (SHAW) SHORT

2. DATE
OF
DEATH

September 7, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Franklin Square Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1618 Mulberry Street

C. Month of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years
last birthday)If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTH PLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. E982X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Stab wound of left chest

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Massive hemothorax

(C) Laceration of thoracic aorta

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

Home

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

1618 Mulberry Street

21D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

Sept. 7, 1952 5:00 P. M.

WHILE AT WORK ☐ NOT WHILE
AT WORK ☒

Sharp instrument

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....

23C. DATE SIGNED

M.D. ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....

Sept. 8, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 151

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MEDICAL CERTIFICATION

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UNITED STATES DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) Mrs. Irene Shindledecker			2. DATE OF DEATH September 7, 1952		
3. PLACE OF DEATH: a. Baltimore City, Maryland Lutheran Hospital b. FULL NAME OF (If not in hospital or institution, give street address or location) Lutheran Hospital 130 Ashburton Str. Baltimore, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Maryland b. COUNTY Baltimore City c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore City, Maryland d. STREET ADDRESS (If rural, give location) 522 East 23rd St.		
c. Length of stay in Baltimore Yrs. Mos. Days			8. DATE OF BIRTH January 15, 1903		
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	9. AGE (In years last birthday) 49	If Under 1 Year Months Days	If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10B. KIND OF BUSINESS OR INDUSTRY housewife		11. BIRTHPLACE (State or foreign country) Maryland	
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13. FATHER'S NAME CHAS E. MORAN		
14. MOTHER'S MAIDEN NAME JULLIVAN			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no		
16. SOCIAL SECURITY NO.			17. INFORMANT Lutheran Hospital records, Baltimore, Maryland		

18. 416X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) decompensated chronic rheumatic heart disease one month

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) _____

DUE TO

(C) _____

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 2		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from September 6, 1952, to September 7, 1952, that I last saw the deceased alive on September 7, 1952, and that death occurred at 7:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE Rudolph M. Zander, first assistant registrar		23B. ADDRESS Lutheran Hospital 130 Ashburton Str. Baltimore Md.		23C. DATE SIGNED September 7, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 9-10-52		24C. NAME OF CEMETERY OR CREMATORY MORRISLAND MEM.	
24D. LOCATION (City, town, or county) BALTO. MD		24E. DATE RECEIVED BY LOCAL REGISTRAR		24F. REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
24G. FUNERAL DIRECTOR Needlefield & Son		24H. ADDRESS 820 N. ...		24I. DATE RECEIVED BY LOCAL REGISTRAR	

SEP 9 1952

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

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CERTIFICATE OF DEATH

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

IMMEDIATE CAUSE OF DEATH

UNDERLYING CAUSE OF DEATH

DATE OF BIRTH

PLACE OF BIRTH

DEPARTMENT OF HEALTH AND HUMAN SERVICES
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

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U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

260 8356

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 8356

Registered No.

BIRTH NO.

NAME OF DECEASED
(Type or Print)

BARBARA McGRAW

2. DATE
OF
DEATH 9-8-52PLACE OF DEATH:
Baltimore City, MarylandFULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

3207 Abell Avenue

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Balto.

D. STREET ADDRESS (If rural, give location)

3207 Abell Avenue

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Widowed8A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
none10B. KIND OF BUSINESS OR INDUSTRY
-

9. FATHER'S NAME

Nicholas Gunther

8. DATE OF BIRTH

1862

9. AGE (in years last birthday)
90If Under 1 Year Months: Days
If Under 24 Hours Hours: Min.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Margaret Hahn

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)
(Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. James B. Smith

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic Heart Disease 6 mos.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Gen. Arteriosclerosis ?

DUE TO

(C) Senility Age 90

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Chr. Multiple Arthritis 10 yrs.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Jan. 1952 to Sept. 8, 1952 that I last saw the deceased alive on 9-8-1952 and that death occurred at 2:30 Am., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Pg 9 VS 150

GREENMOUNT AVE. & 22ND

2012

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52 8357

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 8357

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) BARBARA T. Wieber		2. DATE OF DEATH Sept 7, 1952	
3. PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION 2696 ST. BENEDICT ST.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 20-05	
6. Length of stay in Baltimore Life Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 2696 St. Benedict St.	
7. SEX Female	8. COLOR OR RACE White	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	10. AGE (In years last birthday) 72 If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Jacob Barth		14. MOTHER'S MAIDEN NAME Elizabeth P.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 213-03-06687	
17. INFORMANT Theresa Kupter		ADDRESS 7328 Waldman Ave	

18. 422.2 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Rate cardiac dilatation		INTERVAL BETWEEN ONSET AND DEATH 10 days
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Chronic myocarditis		2 yrs.
(B) hypotension		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1942 , 19___, to 9/3/52 , 19___, that I last saw the deceased alive on 9/3/52 , 19___, and that death occurred at 11:15 Am. , from the causes and on the date stated above.					
23A. SIGNATURE A. Calais		23B. ADDRESS 65 Fulton		23C. DATE SIGNED 9/8/52	
24A. BURIAL, CREMATION, REMOVAL, (Specify) BURIAL		24B. DATE Sept. 14, 1952		24C. NAME OF CEMETERY OR CREMATORY Meadowridge	
24D. LOCATION (City, town, or county) (State) Howard County Md.		25. FUNERAL DIRECTOR Huntington Williams, M.D.		ADDRESS Geo. L. Schwab 2101 Frederick Ave	

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355
52 8358BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 8358

BIRTH NO. 52-20393

1. NAME OF DECEASED
(Type or Print)

Peitro Daniel Tatman

2. DATE
OF
DEATH

9/1/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Lutheran Hosp of Md

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
A. STATE B. COUNTY before admission)

Md

Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto 14

5200

D. STREET ADDRESS (If rural, give location)

7816 Wendover Ave

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9/1/52

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours Min.

13 35

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Balto Md

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Eugene Tatman

14. MOTHER'S MAIDEN NAME

Mary Angelmaga

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

Mother

ADDRESS

Same

18. 776x I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) IMMATURITY (908 gms)

13 45
20 hrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) PREMATURE ONSET OF LABOR IN
TWIN PREGNANCY

(C) PREGNANCY

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

9.1.52

19B. MAJOR FINDINGS OF OPERATION

Delivering

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

NEONATAL

21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9.1.1952 to 9.1.1952, that I last saw the
deceased alive on 9.1.1952, and that death occurred at 2:45 p.m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

JOHN HOPKINS MEDICAL SCHOOL SEP 8 1952

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Huntington Williams, MD

8328

92

RECEIVED
CENTRAL OFFICE OF
MILITARY INTELLIGENCE

8328 92



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 8359
Registered No.

1. NAME OF DECEASED (Type or Print) JEANNETTE BOAINE		2. DATE OF DEATH 9-8-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE N.J. B. COUNTY V-37	
5. FULL NAME OF HOSPITAL OR INSTITUTION 4220 Fernhill Ave		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Hutley	
E. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 108 Watrous St	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH
		9. AGE (in years last birthday) 31 If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Baltimore Md		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Charles Bredt		14. MOTHER'S MAIDEN NAME Anna	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
		17. INFORMANT Frank Dodine - Jane ADDRESS	
18. 170X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma Left Breast		INTERVAL BETWEEN ONSET AND DEATH 6 Mo.	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. ant metastasis to the cervical & lymphatic glands			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION June 25, 1952		19B. MAJOR FINDINGS OF OPERATION Carcinoma of Left Breast	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from June 17, 1952 , to Sept 8, 1952 , that I last saw the deceased alive on Sept 8, 1952 , and that death occurred at 10:00 A.M. , from the causes and on the date stated above.			
23A. SIGNATURE [Signature]		23B. ADDRESS 107 E. Waver St.	
23C. DATE SIGNED 9/9/52			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 9-10-52	
24C. NAME OF CEMETERY OR CREMATORY Herring Run		24D. LOCATION (City, town, or county) (State) Balto Md	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE Huntington Williams, Jr.	
25. FUNERAL DIRECTOR Jack Lewin		ADDRESS 2100 Gutter Pl	

Ellison
107 E West St
PE 5425
11 AM

52 8360

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 8360

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <u>VIOLA MATTILLA MORRIS</u>			2. DATE OF DEATH <u>Sept. 9, 1952</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>319 Gwyn Ave</u>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE _____ B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION _____			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Balto. Md</u> <u>20-07</u>		
c. Length of stay in Baltimore <u>48 yrs.</u>			D. STREET ADDRESS (If rural, give location) <u>319 Gwyn Ave</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>May 14, 1880</u>		9. AGE (In years last birthday) <u>72</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10B. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Stanley Va.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13. FATHER'S NAME <u>Taylor</u>			14. MOTHER'S MAIDEN NAME <u>Unknown</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>no</u>		16. SOCIAL SECURITY NO. _____	17. INFORMANT <u>Daughter Mrs. Myrtle Elbert</u> ADDRESS <u>319 Gwyn Ave</u>		

18. <u>350X</u> CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Parkinsons Disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>15 yrs</u>
(A) DUE TO _____		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO _____		
(C) _____		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) _____		21B. PLACE OF INJURY (a. g., in or about home, farm, factory, street, office bldg., etc.) _____		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY _____		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? _____	

22. I hereby certify that I attended the deceased from 1946, 19__, to Sept 9, 1952, that I last saw the deceased alive on Sept 9, 1952, and that death occurred at 2 A m., from the causes and on the date stated above.

23A. SIGNATURE <u>Edward S. Halline</u>	23B. ADDRESS <u>4300 Liberty Nt Ave</u>	23C. DATE SIGNED <u>9/10/52</u>
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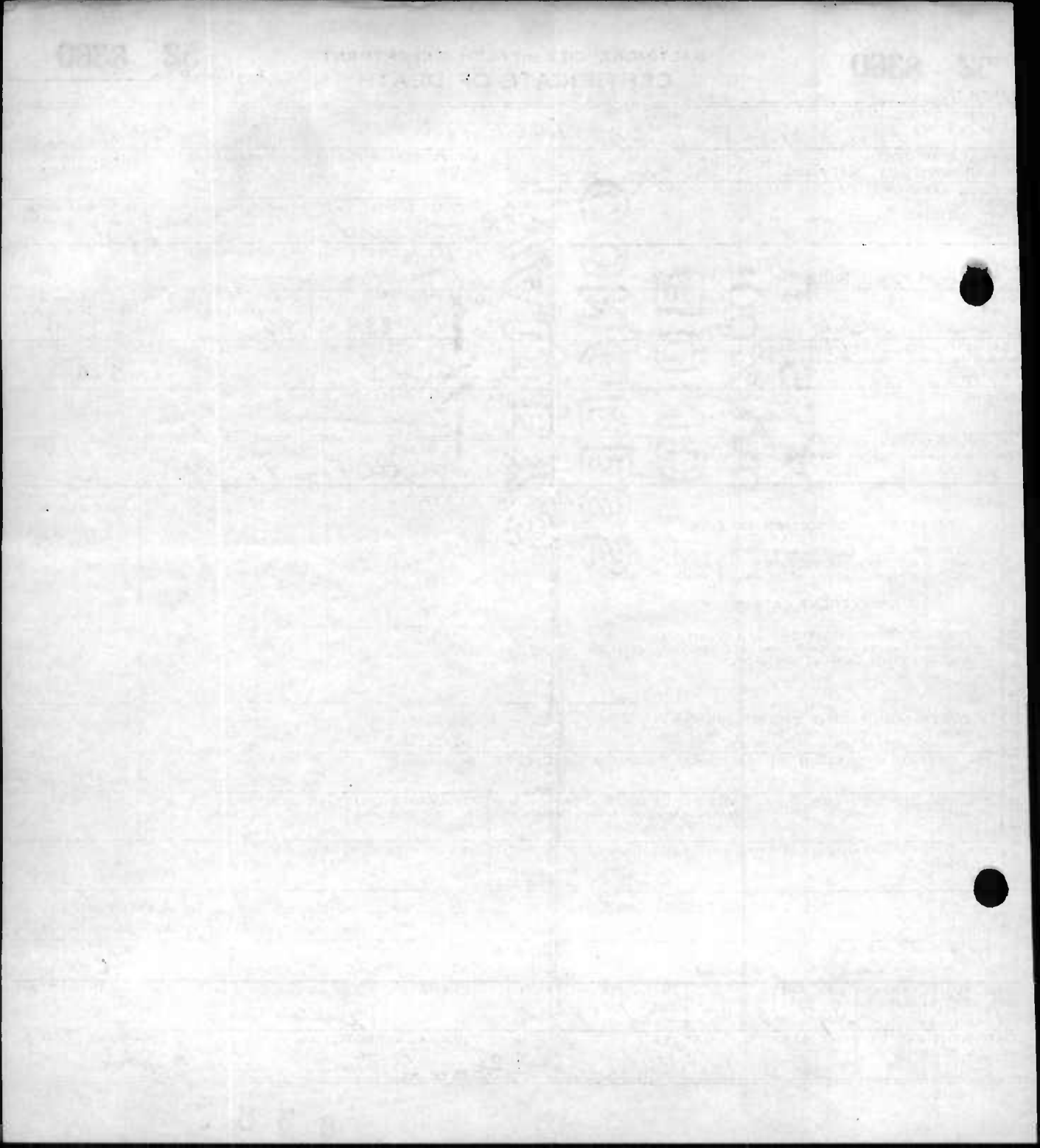
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24B. DATE <u>Sept. 12, 1952</u>	24C. NAME OF CEMETERY OR CREMATORY <u>London Park</u>	24D. LOCATION (City, town, or county) (State) <u>Balto. Md.</u>
DATE RECEIVED BY LOCAL REGISTRAR <u>SEP 10 1952</u>		REGISTRAR'S SIGNATURE <u>Huntington Williams, MD</u>	25. FUNERAL DIRECTOR <u>Henry E. Delf</u> ADDRESS <u>3109 Fredk. Ave.</u>

0353 36

TABLE OF CONTENTS

0353 36

TABLE OF CONTENTS



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 8361
Registered No. _____

52 8361

1. NAME OF DECEASED (Type or Print) Cornelia Ross Waters		2. DATE OF DEATH Sept. 6, 1952	
3. PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____	
5. FULL NAME OF HOSPITAL OR INSTITUTION Provident Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 11-03	
6. Length of stay in Baltimore 53 yrs.		D. STREET ADDRESS (If rural, give location) 849 Hamilton Terrace	
7. SEX Female	8. COLOR OR RACE Colored	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	10. DATE OF BIRTH Mar. 31, 1882
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		12. AGE (In years last birthday) 70	
13. FATHER'S NAME James Egans		14. CITIZEN OF WHAT COUNTRY? U.S.A.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) Yes, no or unknown		16. SOCIAL SECURITY NO. _____	
17. INFORMANT Mr. Henry Waters-849 Hamilton Terrace		ADDRESS _____	

18. 199.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Metastatic Carcinoma---Liver (A) _____ DUE TO _____		INTERVAL BETWEEN ONSET AND DEATH ?
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Congestive Heart Failure (B) _____ DUE TO _____ (C) _____		12 days
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 1 year		19B. MAJOR FINDINGS OF OPERATION Pelvic Carcinoma		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____
21D. TIME (Month) (Day) (Year) (Hour) INJURY _____		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? _____
22. I hereby certify that I attended the deceased from July 3, 1952 to Sept. 6, 1952 , that I last saw the deceased alive on Sept. 6, 1952 , and that death occurred at 11:18 P. M. , from the causes and on the date stated above.				
23A. SIGNATURE George Mc Donald		23B. ADDRESS 844 N. Carey St. Balt. Md.		23C. DATE SIGNED 9/10/52

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Sept. 10, 1952	24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cem.	24D. LOCATION (City, town, or county) (State) Baltimore Co., Md.
--	------------------------------------	--	--

DATE RECEIVED BY LOCAL REGISTRAR SEP 10 1952	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR Holland Funeral Home-1631 Druid Hill Ave.	ADDRESS Ave.
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1903

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1903

Blank form with horizontal lines for text entry.

200

FRANK MCCOY
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 8362
Registered No.

52 8362
BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

3. PLACE OF DEATH:
a. Baltimore City, Maryland

b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

c. Length of stay in Baltimore

5. SEX

M.

6. COLOR OR RACE

C

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Driver

10b. KIND OF BUSINESS OR INDUSTRY

Retired

13. FATHER'S NAME

Frank McCoy, Sr.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

2. DATE OF DEATH

9-9-52

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE b. COUNTY

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

d. STREET ADDRESS (If rural, give location)

16-02

8. DATE OF BIRTH

9-29-85

11. BIRTHPLACE (State or foreign country)

G. A.

14. MOTHER'S MAIDEN NAME

Mary Harrison, Ga

17. INFORMANT ADDRESS

Frank McCoy, 520

18. 232x

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

0

19b. MAJOR FINDINGS OF OPERATION

21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY

21e. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-6-1952 to 9-9-1952, that I last saw the deceased alive on 9-9-1952, and that death occurred at 11:30 m., from the causes and on the date stated above.

23a. SIGNATURE

23b. ADDRESS

811. Charles St

23c. DATE SIGNED

9-9-52

24a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24b. DATE

9/13/52

24c. NAME OF CEMETERY OR CREMATORY

MT. Auburn

24d. LOCATION (City, town, or county)

Baltimore

(State)

Md

DATE RECEIVED BY LOCAL REGISTRAR

10/19/52

REGISTRAR'S SIGNATURE

H. W. Williams

25. FUNERAL DIRECTOR

William G. Jackson

ADDRESS

916 Penna

VS 150

1015-29064 8350

MEDICAL CERTIFICATION

58 2285

STATE OF NEW YORK
DEPARTMENT OF HEALTH
OFFICE OF THE COMMISSIONER
BUREAU OF VITAL STATISTICS
ALBANY, N. Y.

58 2285

11 78

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 8363
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

JOHN H. BESTPITCH

2. DATE
OF
DEATH **9/7/52**

3. PLACE OF DEATH:

A. **Baltimore City, Maryland 901 S. CHARLES STREET**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

MD.

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

23-02

D. STREET ADDRESS (If rural, give location)

901 S. CHARLES STREET

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

1/2/1897

9. AGE (In years,
last birthday)

55

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

PRESSER

10B. KIND OF BUSINESS OR
INDUSTRY

THEODORE & CO.

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

WILLIAM

Clothing (M)

14. MOTHER'S MAIDEN NAME

ELIZABETH WILSON

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL
SECURITY NO.

17. INFORMANT
FAMILY - SAME

ADDRESS

18. **331X**
I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

2 mos.

2 mos.

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK

22. I hereby certify that I attended the deceased from *July 6*, 19*52*, to *9/7/52*, 19*52*, that I last saw the
deceased alive on *9/7*, 19*52*, and that death occurred at *2:00* p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

B

24B. DATE

9/10/52

24C. NAME OF CEMETERY OR CREMATORY

CEDAR HILL

24D. LOCATION (City, town, or county) (State)

BALTIMORE

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 10 1952

Huntington Williams, MD.

JAMES L. MCCULLY - 130 EAST FORT AVENUE

VS 150

6904G

8360

MEDICAL CERTIFICATION

1937-1938

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1937-1938

1937

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52 8364BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 8364
Registered No.

1. NAME OF DECEASED (Type or Print) <u>TAZWEIL G. Stump.</u>		2. DATE OF DEATH <u>9.9.52</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>S.B.G.N.</u>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>MD.</u> B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION <u>S.B.G.N.</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore 25-04</u>	
6. Length of stay in Baltimore <u>3 yrs.</u> Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <u>3917 S. HANOVER ST.</u>	
7. SEX <u>M.</u>	8. COLOR OR RACE <u>W.</u>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>M.</u>	10. DATE OF BIRTH <u>7.6.1888</u>
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FOREMAN</u>		12. AGE (in years last birthday) <u>64</u>	
13. FATHER'S NAME <u>MATTHEW</u>		14. BIRTHPLACE (State or foreign country) <u>VA.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No.</u>		16. SOCIAL SECURITY NO.	
17. INFORMANT <u>Family - Same</u>		ADDRESS	
18. <u>420.1</u> CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>sudden coronary thrombosis</u> (A) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <u>heart failure myocarditis</u> (B) DUE TO (C) DUE TO II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>5.1</u> , 19 <u>52</u> , to <u>9-7</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>9-7</u> , 19 <u>52</u> , and that death occurred at <u>m.</u> , from the causes and on the date stated above.			
23A. SIGNATURE <u>Eugene Stump</u>		23B. ADDRESS	
23C. DATE SIGNED			
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>B.</u>		24B. DATE <u>9.12.52</u>	
24C. NAME OF CEMETERY OR CREMATORY <u>SALEM.</u>		24D. LOCATION (City, town, or county) (State) <u>SALEM, VA.</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>SEP 10 1952</u>		REGISTRAR'S SIGNATURE <u>Huntington Williams, M.D.</u>	
VS 150		25. FUNERAL DIRECTOR <u>as L. E. C. C.</u>	
		ADDRESS <u>130 E. Fort Bus.</u>	

1939

02

WILLIAM E. HENRY, JR.
CENTRAL TEXAS DEPT.

02 1939



William Henry, Jr.

Central Texas Dept.

300
52 8365

Baltimore City Health Department

52 8365

Registered No.

BIRTH NO. 52-21828

Roddy
CERTIFICATE OF DEATH1. NAME OF DECEASED
(Type or Print)

Francis E. Roddy

2. DATE
OF
DEATH

9/8/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

South. Hosp. of Md.
Baltimore, City

B. FULL NAME OF

HOSPITAL OR

INSTITUTION

Lutheran Hosp. of Md.

Yrs.

Mos.

Days

C. Length of stay in Baltimore

(one)

5. SEX

m

6. COLOR OR RACE

w

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

single

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

0

10B. KIND OF BUSINESS OR
INDUSTRY

0

13. FATHER'S NAME

Francis E. Roddy

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, oo or oopowo) (If yes, give war or dates of service)

0

16. SOCIAL
SECURITY NO.

0

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

Maryland, Baltimore, Md.
1883 Freedomway North

E. DATE OF BIRTH

9/8/52

F. AGE (In years)

last birthday

Months

Days

H. Under 1 Year

I. Under 24 Hours

Min.

14

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF

WHAT COUNTRY?

USA

14. MOTHER'S MAIDEN NAME

Catherine M. Hogan

17. INFORMANT

Father

ADDRESS

18. 754.3

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., lo or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/8, 1952, to 9/8, 1952, that I last saw the
deceased alive on 9/8, 1952, and that death occurred at 4:30 p. m., from the causes and on the date stated above.

23A. SIGNATURE

J. P. Weynans

23B. ADDRESS

Lutheran Hosp. of Md. 9/9/52

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

9/10/52

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

L. J. Luck

ADDRESS

5305 Harford Rd

11/1
25 0382

STATE OF CALIFORNIA

11/1

0382

200
52 8366BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 8366
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ANNA

Moose

2. DATE
OF
DEATH

Sept. 9-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

4825 FRANKFORD AVE

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE 26-02

D. STREET ADDRESS (If rural, give location)

4825 FRANKFORD AVE.

C. Month of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Nov. 6-1872

9. AGE (In years last birthday)

79

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

AT HOME

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Hungary

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

?

LORNIC

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr Jos. Moose, 4825 FRANKFORD

18. 442X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Thrombosis

DUE TO

26 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Arterio-sclerotic cardiovascular

DUE TO

renal disease

?

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-14, 1952, to 9-9, 1952 that I last saw the deceased alive on 9-9, 1952, and that death occurred at 2 p m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 10 1952

Huntington Williams, M.D.

Leonard J. Buck 5305 Harford

8000

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Dr. Kang
2017 Jan 6-8

52 8367

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 8367
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Irene Armstrong

2. DATE
OF
DEATH

September 8.52

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore Md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Melchior Nursing Home

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3017 Royston Ave.

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

April 27,

9. AGE (in years last birthday)

81

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR INDUSTRY

None

11. BIRTHPLACE (State or foreign country)

Baltimore Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Edward A.

14. MOTHER'S MAIDEN NAME

Regina Hall

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

(If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

None

17. INFORMANT

Mrs. Robert Armstrong 2907 Westfield Ave.

18. 334X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A)

Atherosclerosis and dehydration

1 wk.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Mild hypertension

2 mo.

DUE TO

(C)

Arteriosclerosis - cerebral and general. 2 yrs.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

None

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from October, 1949, to Sept 7, 1952, that I last saw the deceased alive on Sept 7, 1952, and that death occurred at 11 P. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

Sep. 11, 52

Woodlawn Cem.

Woodlawn Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

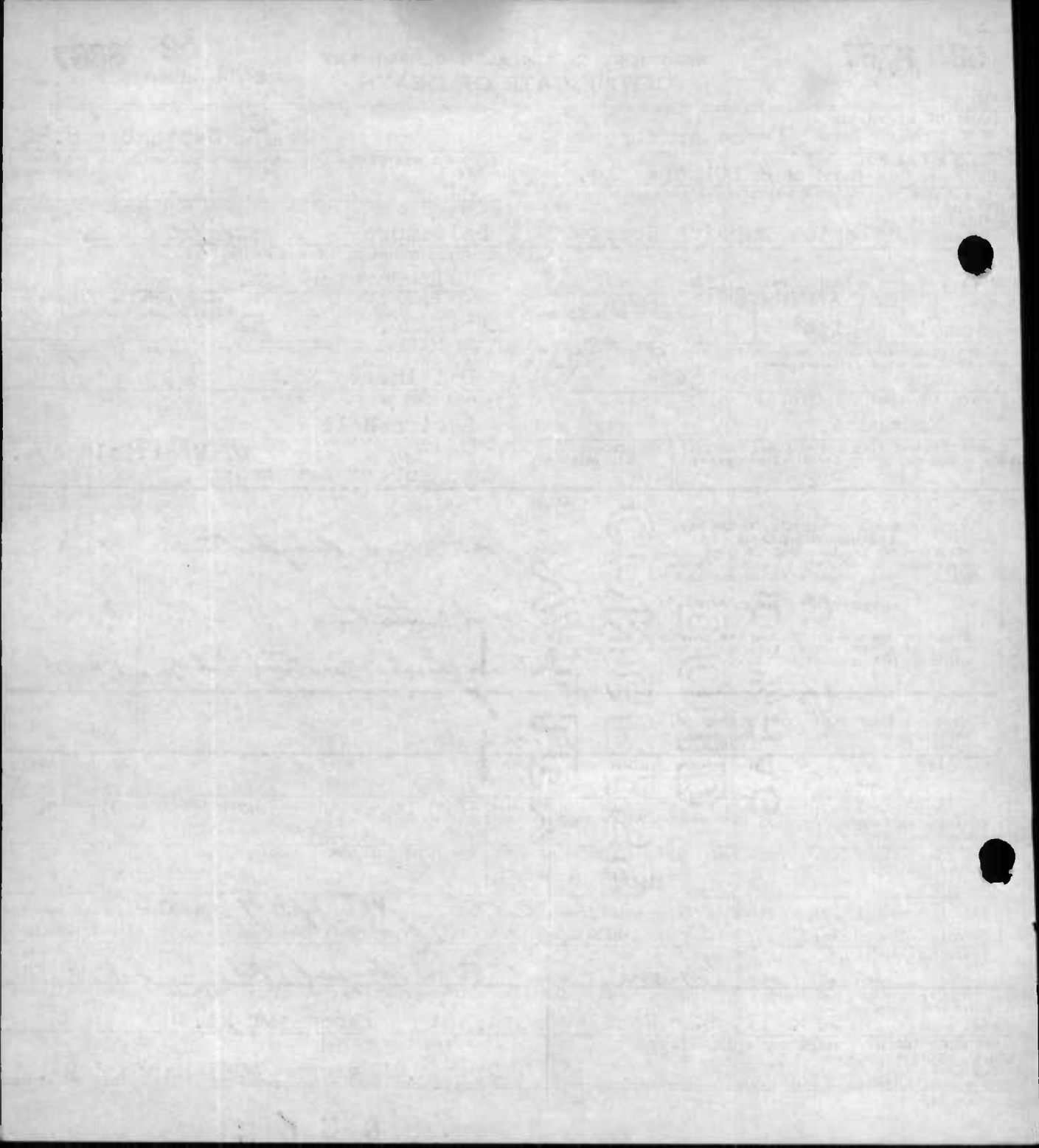
ADDRESS

SEP 10 1952

Huntington Williams, M.D.

Paul A. Heemann 6067 Harford Rd.

MEDICAL CERTIFICATION



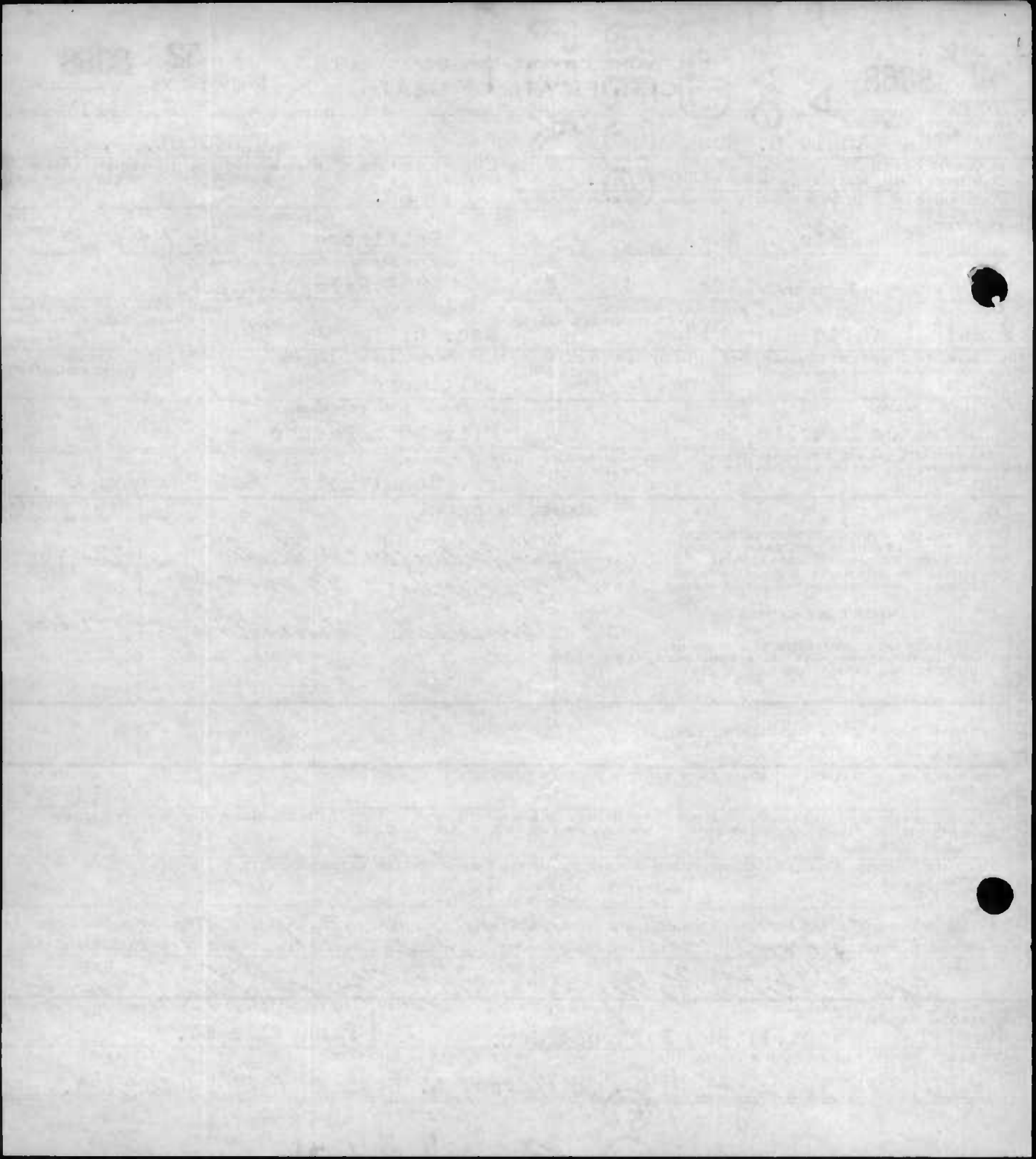
Dr. Golly

200
52 8368BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 8368
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) Annie C. Huck		2. DATE OF DEATH Sept. 9, 52	
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore Md.		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION 2805 Halcyon Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-03			
C. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 2805 Halcyon Ave.			
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Dec. 6,		9. AGE (in years last birthday) 92
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10B. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (State or foreign country) Baltimore	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME Lawrence Schultheis		14. MOTHER'S MAIDEN NAME Elizebeth Farber	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT ADDRESS Mrs. Schultheis 2805 Halcyon Ave.	
18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Antecedent Causes DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH (A) Hypertensive Cardiovascular Disease DUE TO (B) Cerebral Hemorrhage DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH years 3-4 hrs	
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan 1 , 19 40 , to 9/9 , 19 52 , that I last saw the deceased alive on 3-27-52 , 19 52 and that death occurred at 3a m., from the causes and on the date stated above.					
23A. SIGNATURE W. C. Golly		23B. ADDRESS 5703 Harford Rd.		23C. DATE SIGNED 9/10/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Sept. 11, 52		24C. NAME OF CEMETERY OR CREMATORY Parkwood Cem.	
24D. LOCATION (City, town, or county) Parkville Md.		24E. DATE RECEIVED BY LOCAL REGISTRAR SEP 10 1952		24F. REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
25. FUNERAL DIRECTOR Paul A. Heemann		ADDRESS 6067 Harford Rd.			

MEDICAL CERTIFICATION

819520008364



52 8369

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 8369
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILLIAM J. SULLIVAN

2. DATE
OF
DEATH

Sept. 9, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1738 Thames Street

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Baltimore City Hospitals

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.

male

white

Single

Aug 3, 1900

32

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

Merchant Marine Maritime Service

11. BIRTHPLACE (State or foreign country)

Washington D.C.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Michael J. Sullivan

14. MOTHER'S MAIDEN NAME

Mary A. Mc Law

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

Mrs. Mary A. Wilmet 705 Hamilton St.
Washington D.C.

18. E 903.5 and 372.2 CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Contusion of brain

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH. BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

pavement

21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

800 block S. Broadway

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

August 14, 1952

21E. INJURY OCCURRED
m. WHILE AT WORK ☐ NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Apparently fell while intoxicated

22. I certify that I took charge of the remains described above, held an autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

B. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER.....

23C. DATE SIGNED

MEDICAL INVESTIGATOR.....

Sept. 10, 1952

24A. BURIAL CREM-
ATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

Sept 13, 1952

Mt. Olivet

Washington D.C.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 10 1952

Huntington Williams, N. H. Hines Co.

Washington D.C.

VS 151

N 553.21 5 2 673 5 3 6 5

MEDICAL CERTIFICATION

CHURCH

1918

-600.
52 8370BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 8370
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Monroe L. Baer

2. DATE
OF
DEATH Sept. 9, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION Maryland General Hospital4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)
A. STATE Maryland B. COUNTY BaltimoreC. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)
Putty Hill

D. STREET ADDRESS (If rural, give location)

3110 Willoughby Ave. 5200

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

Dec. 4, 1911

9. AGE (In years
last birthday)

40

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)
Clerk10B. KIND OF BUSINESS OR
INDUSTRY
Bethlehem Steel Co.

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Charles Baer

14. MOTHER'S MAIDEN NAME

Dorothy Fuchs

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Frances Baer 3110 Willoughby Ave. ✓

18. 416X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

year 20 -

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1949 to 9/9/52, 19, that I last saw the
deceased alive on 9/5/52, 19, and that death occurred at 3 A m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 10 1952

Huntington Williams, M.D.

Ullrich Funeral Home -2008 Orleans St.

1168 Z. Zhang et al.

456.
52 8371BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 8371
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Charles E. Blomeier

2. DATE
OF
DEATH

Sept. 7, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland 3216 Montebello Terrace

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3216 Montebello Terrace

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Nov. 20, 1906

9. AGE (in years
last birthday)

46 1/2

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Fuel Oil Dealer

10B. KIND OF BUSINESS OR INDUSTRY

Fuel Oil-retail

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

George J. Blomeier

14. MOTHER'S MAIDEN NAME

Minnie Marquardt

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No.

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Elizabeth Blomeier 3216 Montebello Terrace

18.

022X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Coronary

INTERVAL BETWEEN
ONSET AND DEATHImmediate
sudden

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 23, 1948 to Sept. 7, 1952 that I last saw the deceased alive on Sept 2, 1952 and that death occurred at 6:55 pm., from the causes and on the date stated above.

23. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

10 1952

Huntington Williams, M.D.

Ullrich Funeral Home, 5008 Orleans St.

VS 150

528067 8367

1038

25

DEPARTMENT OF COMMERCE
BUREAU OF COMMERCE

1038

UNITED STATES

NAVY

NAVY

NAVY

NAVY

NAVY

NAVY

NAVY

NAVY

200

2 8372

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 8372

1. NAME OF DECEASED (Type or Print) CORA A. ECK.		2. DATE OF DEATH Sept 8, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY 13-07	
B. FULL NAME OF HOSPITAL OR INSTITUTION 3620 Resnick Rd.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto	
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 3620 Resnick Rd.	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Oct 1894
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laundress		10B. KIND OF BUSINESS OR INDUSTRY Balto City Schools	9. AGE (In years last birthday) 57
13. FATHER'S NAME		11. BIRTHPLACE (State or foreign country) Md.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		12. CITIZEN OF WHAT COUNTRY?	
16. SOCIAL SECURITY NO. 218-18-4558		14. MOTHER'S MAIDEN NAME	
17. INFORMANT ADDRESS John Eck 3620 Resnick Rd.		18. 170X CAUSE OF DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Carcinomatosis		INTERVAL BETWEEN ONSET AND DEATH ?	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) Carcinoma, breast		2 yrs(?)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1951 to Sept 7, 1952 , that I last saw the deceased alive on Sept 7, 1952 , and that death occurred at 4 A. m. , from the causes and on the date stated above.			
23A. SIGNATURE W. N. McFaul		23B. ADDRESS 840 W. 36th St	
23C. DATE SIGNED 9/9/52			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Sept 11, 1952	
24C. NAME OF CEMETERY OR CREMATORY Oaklawn		24D. LOCATION (City, town, or county) (State) Easton Ave.	
DATE RECEIVED BY LOCAL REGISTRAR SEP 10 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
25. FUNERAL DIRECTOR Paul C. Chenoweth		ADDRESS 3615 1st St	

8373

83

UNITED STATES OF AMERICA
DEPARTMENT OF COMMERCE
BUREAU OF MARINE FISHERIES

8373

UNITED STATES OF AMERICA

DEPARTMENT OF COMMERCE
BUREAU OF MARINE FISHERIES
WASHINGTON, D. C.

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BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

28-52 8373
Registered No.

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
Baby Girl Boulmetis		9 4 52	
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY	
B. BALTIMORE CITY, MARYLAND (If not in hospital or institution, give street address or location) St. Agnes Hospital		Md. Baltimore	
5. SEX Female		6. COLOR OR RACE White	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH 8 31 52	
9. AGE (In years last birthday)		10. CITIZEN OF WHAT COUNTRY? U S A	
11. BIRTHPLACE (State or foreign country) Baltimore, Maryland		12. CITIZEN OF WHAT COUNTRY? U S A	
13. FATHER'S NAME Sam L. Boulmetis		14. MOTHER'S MAIDEN NAME Athena Hagegeorge	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, oo or uokooow)		16. SOCIAL SECURITY NO.	
17. INFORMANT		ADDRESS	

18. 763.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Pulmonary Edema DUE TO ANTECEDENT CAUSES Respiration pneumonia DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		19. CAUSE OF DEATH Pulmonary Edema Respiration pneumonia	INTERVAL BETWEEN ONSET AND DEATH
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19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 8/31, 1952, to 9/4, 1952, that I last saw the deceased alive on 9/4, 1952, and that death occurred at m., from the causes and on the date stated above.				23A. SIGNATURE Joseph S. Ordway	
23B. ADDRESS St. Agnes Hospital				23C. DATE SIGNED 9/6/52	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE 9/9/52		24C. NAME OF CEMETERY OR CREMATORY Cathedral	
24D. LOCATION (City, town, or county)		24E. LOCATION (City, town, or county)		24F. LOCATION (City, town, or county)	
Baltimore		Baltimore		Md.	

DATE RECEIVED BY LOCAL REGISTRAR SEP 10 1952		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR M. FAHEY & SONS 401 SUFFOLK Rd.	
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MEDICAL CERTIFICATION

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STATE OF NEW YORK

CERTIFICATE OF DEATH

and



CERTIFICATE CORRECTED OCT. 2, 1952
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 8374
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Johnson, Bessie Mae</i>		2. DATE OF DEATH <i>9/9/52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Anne Arundel</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>University Hosp. Balto.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Pasadena 5200</i>	
C. Length of stay in Baltimore <i>30</i> Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>Light & Mission St.</i>	
5. SEX <i>F</i>	6. COLOR OR RACE <i>W.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>M</i>	8. DATE OF BIRTH <i>April 4, 1891</i>
9. AGE (In years last birthday) <i>61</i>		10. UNDER 1 Year Months Days	11. UNDER 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Own Home</i>	
11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>John Bell</i>		14. MOTHER'S MAIDEN NAME <i>Unknown</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>None</i>	
17. INFORMANT <i>Mr. Clarence Johnson</i>		ADDRESS <i>Pasadena Md.</i>	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>199.9 I Metastatic carcinoma</i>		CAUSE OF DEATH <i>(primary and metastatic sites not known)</i>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		INTERVAL BETWEEN ONSET AND DEATH	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>9/2</i> , 19 <i>52</i> , to <i>9/9</i> , 19 <i>52</i> that I last saw the deceased alive on <i>9/9</i> , 19 <i>52</i> , and that death occurred at <i>3:55</i> p.m., from the causes and on the date stated above.			
23A. SIGNATURE <i>L. W. Elgin, Jr.</i>		23B. ADDRESS <i>University Hosp.</i>	
23C. DATE SIGNED <i>9/9/52</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>9/12/52</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Cedar Bluff</i>		24D. LOCATION (City, town, or county) (State) <i>Annapolis Maryland</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>SEP 10 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	
FUNERAL DIRECTOR <i>R. V. Singleton</i>		ADDRESS <i>Glen Burnie, Md.</i>	

See Document File 52-8374 query return

10/2/52 ES

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **8375**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ROBERT ELMER GRIFFITH

2. DATE
OF
DEATH

9/8/1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland ✓

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE **Maryland General Hospital**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **Md** B. COUNTY **Anne Arundel**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Glen Burnie 5200

D. STREET ADDRESS (If rural, give location)
RFD #2 Box 429

C. Length of stay in Baltimore **none**

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

march 5/1890

9. AGE (In years last birthday)

62

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

computer

10B. KIND OF BUSINESS OR INDUSTRY

Consolidated Engineering

11. BIRTHPLACE (State or foreign country)

MD

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

ROBERT W.

14. MOTHER'S MAIDEN NAME

Donaldson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

218-12-4437

17. INFORMANT

Mrs. Harold Moots

ADDRESS

Glen Burnie Md.

CAUSE OF DEATH

18. **153X**
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

carcinoma of the sigmoid with intestinal obstruction

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **8/19**, 19**52** to **9/8**, 19**52** that I last saw the deceased alive on **9/8**, 19**52**, and that death occurred at **8:55** p.m., from the causes and on the date stated above.

23A. SIGNATURE

Loluh Bokhair

23B. ADDRESS

Maryland General Hospital

23C. DATE SIGNED

9/9/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

9/11/52

24C. NAME OF CEMETERY OR CREMATORY

Glen Haven

24D. LOCATION (City, town, or county) (State)

Glen Burnie, Md.

DATE RECEIVED BY LOCAL REGISTRAR

SEP 10 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Richard V. Singleton, Glen Burnie, Md.

2003

OFFICE OF THE ATTORNEY GENERAL

2003

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 8376

BIRTH NO. 52 8376

1. NAME OF DECEASED (Type or Print) CHARLES DENNIS WILHELM, JR.		2. DATE OF DEATH 9-10-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE md B. COUNTY Baltimore	
B. FULL NAME OF (If not in hospital or institution, give street address or location) MARYLAND GEN. HOSP.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE COUNTY 5355	
D. STREET ADDRESS (If rural, give location) 1817 E. SOPPA RD. #34		5. DATE OF BIRTH 9-9-52	
6. AGE (In years last birthday) 1 day		7. CITIZEN OF WHAT COUNTRY? U.S.	
8. FATHER'S NAME CHARLES D. WILHELM		9. MOTHER'S MAIDEN NAME MARGARET WHEELER MILLER	
10. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		11. SOCIAL SECURITY NO.	
12. INTERVAL BETWEEN ONSET AND DEATH 762.0		13. CAUSE OF DEATH CONGENITAL ATELECTASIS OF LUNGS.	

14. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CONGENITAL ATELECTASIS OF LUNGS.		15. INTERVAL BETWEEN ONSET AND DEATH BIRTH	
16. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. UMBILICAL CORD WRAPPED ABOUT NECKS & LUNGS.		17. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
18. DATE OF OPERATION 9-10-52		19. MAJOR FINDINGS OF OPERATION	
20. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
22. TIME (Month) (Day) (Year) (Hour) OF INJURY		23. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
24. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		25. HOW DID INJURY OCCUR?	
26. I hereby certify that I attended the deceased from 9-9-52 , 19 52 , to 9-10-52 , 19 52 , that I last saw the deceased alive on 9-10-52 , 19 52 , and that death occurred at 2 A. m. from the causes and on the date stated above.		27. SIGNATURE Dr. J. H. Kern	
28. ADDRESS Thd. Gen. Hosp.		29. DATE SIGNED 9-10-52	
30. BURIAL, CREMATION, REMOVAL (Specify) 9/11/52		31. NAME OF CEMETERY OR CREMATORY Foreston Baptist	
32. DATE 9/11/52		33. LOCATION (City, town, or county) (State) Upperco, Md.	
34. RECEIVED BY LOCAL REGISTRAR SEP 10 1952		35. REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
36. FUNERAL DIRECTOR William J. Dickman		37. ADDRESS 7112 Ave.	

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STANDARD GRADE PAPER

8753

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 8377
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) BARBARA JUSTICE		2. DATE OF DEATH September 9, 1952	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
b. FULL NAME OF HOSPITAL OR INSTITUTION Maryland General Hospital		c. CITY OR TOWN (If outside corporate limits, write Rural and give township) Baltimore	
d. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		d. STREET ADDRESS (If rural, give location) 2805 Alameda Boulevard	
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH Apr 21-1886
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		9. AGE (In years last birthday) 66	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Czechoslovakia	
13. FATHER'S NAME Joseph Cervinka		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		14. MOTHER'S MAIDEN NAME Barbara Nekarda	
16. SOCIAL SECURITY NO.		17. INFORMANT Rudolph Mijon	
		ADDRESS 362 E. 46th St. N.Y. N.Y.	

18. **451X** CAUSE OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Acute cardiac tamponade
DUE TO **Rupture dissecting aneurysm of aorta**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION September 9, 1952		19B. MAJOR FINDINGS OF OPERATION Extraction of several teeth		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE R. H. [Signature]		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED Sept. 10, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Removal		24B. DATE 9-10-52		24C. NAME OF CEMETERY OR CREMATORY New York	
24D. LOCATION (City, town, or county) New York		24E. LOCATION (State) New York		25. FUNERAL DIRECTOR Wm. [Signature]	
DATE RECEIVED BY LOCAL REGISTRAR SEP 10 1952		REGISTRAR'S SIGNATURE Wilmington Williams, M.D.		ADDRESS 1217 St Paul St.	

IN RE: [illegible]

[illegible]

[illegible]

[illegible]

[illegible]

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CERTIFICATE CORRECTED 9-23-52

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. **52 8378**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CHARLES H. WOLFE

2. DATE
OF
DEATH

September 9, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admision)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Union Memorial Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

O. STREET ADDRESS (If rural, give location)

6109 Falls Road

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. **male**

6. COLOR OR RACE
white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

Apr 20, 1913

9. AGE (In years
last birthday)

39

11 Under 1 Year
Months: Days

11 Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

Machinist

Rolling Mills (Steel)

11. BIRTHPLACE (State or foreign country)

Penna.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Charles J. Wolfe (M)

14. MOTHER'S MAIDEN NAME

Mary L. Sanders

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

No

16. SOCIAL SECURITY NO.

217-09-6101

17. INFORMANT

Hilda T.R. Wolfe

ADDRESS

6109 Falls Rd.

18. **E 802X**

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A) **Cranioerebral injury**

DOE TO

ANTECEDENT CAUSES

(B) **Crushing injury of chest**

DOE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONOITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS
UNDERLYING OR CONTRIB-
UTING CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

railroad tracks

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

Pa. Railroad-6100 block W. Falls Road

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

September 9, 1952 6:40 P.m.

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Walking along railroad tracks-struck by

inspection & inquiry train

2. I certify that I took charge of the remains described above, held an **Autopsy, Inspection or Inquiry** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. H. Fisher

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
M.D. MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

September 10,

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

9-13-52

24C. NAME OF CEMETERY OR CREMATORY

Black Rock Cmn.

24D. LOCATION (City, town, or county)

Balt County

DATE RECEIVED BY
LOCAL REGISTRAR

SEP 10 1952

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

William Cook Inc.

ADDRESS

1217 St Paul St

VS 151 **N 804.2**

51443A 837A

MEDICAL CERTIFICATION

1950

1951

1952

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1959

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1989

240
52 8379

REA-159242

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 8379

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Margaret Regal

2. DATE OF DEATH
Sep. 8, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTIONBaltimore City Hospital
4940 Eastern Avenue4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
BaltimoreD. STREET ADDRESS (If rural, give location)
27 N. Carey St. Good Samaritan Home

C. Length of stay in Baltimore

35 yrs.

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
WidowedYrs.
Mos.
Days

8. DATE OF BIRTH

Sept. 15, 1893

9. AGE (In years
16th birthday)

59

If Under 1 Year
Months Days
If Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Tailor

10B. KIND OF BUSINESS OR INDUSTRY

Coat making

11. BIRTHPLACE (State or foreign country)

Lith.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

?

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Records: B. C. H. 4940 Eastern Avenue

18. E902.7

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

Subacute bacterial endocarditis

6 days

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

CERTIFICATION APPROVED BY

CHIEF OR ASST. MEDICAL EXAMINER.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Gangrene right leg

2 weeks

19A. DATE OF OPERATION

5-20-52

19B. MAJOR FINDINGS OF OPERATION

Fracture right femur

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
Home

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

27 N. Carey St.

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

May 16, 1952

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Patient fell to floor.

22. I hereby certify that I attended the deceased from 5-17 1952, to 9-8 1952, that I last saw the deceased alive on 9-8 1952, and that death occurred at 3:30P m., from the causes and on the date stated above.

23A. SIGNATURE

C. D. Boyer M. D.

23B. ADDRESS

4940 Eastern Avenue

23C. DATE SIGNED

9-8-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Sept. 11/52

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county)

Belair R. Maryland

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, MD

25. FUNERAL DIRECTOR

ADDRESS

Chas. W. Kachauskas 703 McHenry St.

SEP 10 1952

TO BE APPROVED BY MEDICAL EXAMINER

N821.0

590460008375

THE
RECORDS
OF
THE
CITY OF
BALTIMORE
FOR
THE
YEAR
1880
PUBLISHED BY THE
BALTIMORE CITY CLERK
JAMES M. HARRIS
AT THE
BALTIMORE CITY CLERK'S OFFICE
100 N. BALTIMORE ST.
BALTIMORE, MD.
1881

420
2 8380BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 8380

BIRTH NO.

1. NAME OF DECEASED (Type or Print) George G. Scales Jr.		2. DATE OF DEATH 9-8-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY city	
B. FULL NAME OF HOSPITAL OR INSTITUTION Sinai Hospital, Balto: Md.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 2229 Aisquith Street	
5. SEX M	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 9-4-1941
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School boy		9. AGE (In years last birthday) 11	
10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Baltimore, Md.	
13. FATHER'S NAME George G. Scales Sr.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. None	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) None		17. INFORMANT ADDRESS Mr. George G. Scales Sr. - 2229 Aisquith St Balto: Md.	

18. 453.3	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) PERIPHERAL VASOMOTOR COLLAPSE AND SHOCK	
ANTECEDENT CAUSES	(B) CAUSE UNKNOWN	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(C)	

CERTIFICATION APPROVED BY

William S. Parker

19A. DATE OF OPERATION 9-8-52	19B. MAJOR FINDINGS OF OPERATION	CHIEF OR ASST. MEDICAL EXAMINER	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **Sept 8, 1952** to **Sept 8, 1952**, that I last saw the deceased alive on **Sept 8, 1952** and that death occurred at **2:45 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE William S. Parker	23B. ADDRESS Sinai Hospital	23C. DATE SIGNED 9-8-52
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 9-11-1952	24C. NAME OF CEMETERY OR CREMATORY Morelands Park	24D. LOCATION (City, town, or county) (State) Taylor Ave. Balto: Md.
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DATE RECEIVED BY LOCAL REGISTRAR SEP 10 1952	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR ADDRESS George J. Ruth, Inc. - 1735 Harford Avenue
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560
52 8381

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 8381
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		CAROLINE LEHNER		9/9/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE MD B. COUNTY BALTO.	
5. FULL NAME OF HOSPITAL OR INSTITUTION 10 N. KENWOOD AVE				6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTO.	
7. LENGTH OF STAY IN BALTIMORE LIFE				8. STREET ADDRESS (If rural, give location) 10 N. KENWOOD AVE	
9. SEX F	10. COLOR OR RACE W	11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) W	12. DATE OF BIRTH MARCH 21, 1864		
13. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE			14. AGE (In years last birthday) 88		
15. KIND OF BUSINESS OR INDUSTRY			15. BIRTHPLACE (State or foreign country) BALTO. - MD.		
16. FATHER'S NAME ? Scholl			17. CITIZEN OF WHAT COUNTRY? U.S.A.		
18. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No			19. SOCIAL SECURITY NO. None		
20. MOTHER'S MAIDEN NAME Mary M. Bader			21. INFORMANT ADDRESS Mr. Albert J. Lehner-10 N. Kenwood Avenue		
22. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) I ARTERIOSCLEROTIC CARDIO-VASCULAR DISEASE DUE TO GENERALIZED ARTERIOSCLEROSIS II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. SENILITY INTERVAL BETWEEN ONSET AND DEATH 20 yrs					
23. DATE OF OPERATION 0		24. MAJOR FINDINGS OF OPERATION		25. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
26. ACCIDENT, SUICIDE, HOMICIDE (Specify)		27. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		28. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
29. TIME (Month) (Day) (Year) (Hour) OF INJURY		30. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		31. HOW DID INJURY OCCUR?	
32. I hereby certify that I attended the deceased from JUNE 12, 1949, to SEPT 9, 1952, that I last saw the deceased alive on SEPT. 9, 1952 and that death occurred at 3:30 pm., from the causes and on the date stated above.					
33. SIGNATURE Henry J. Houska		34. ADDRESS 333 S. East Ave		35. DATE SIGNED 9/9/52	
36. BURIAL, CREMATION, REMOVAL (Specify) Burial		37. DATE 9-12-1952		38. NAME OF CEMETERY OR CREMATORY Holy Redeemer Cemetery	
39. DATE RECEIVED BY LOCAL REGISTRAR SEP 10 1952		40. REGISTRAR'S SIGNATURE Huntington Williams, M.D.		41. FUNERAL DIRECTOR ADDRESS George J. Ruth, Inc.-1735 Harford Avenue	

MEDICAL CERTIFICATION

1 2 5 2 0 0 0 8 3 7 7

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 8382

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mary Mitchell

2. DATE
OF
DEATH

September 8, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1512 E. Baltimore St.

length of stay in Baltimore 11 yrs.

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

4-25-22

9. AGE (In years last birthday)

30

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

at Home

11. BIRTHPLACE (State or foreign country)

Washington D.C.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Charles Davis

14. MOTHER'S MAIDEN NAME

Alice Matthews

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

no

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
JOHNS HOPKINS HOSPITAL

18. 592x I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Chronic Glomerulonephritis

22 years

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from 8-29, 1952, to 9-8, 1952, that I last saw the deceased alive on 9-8, 1952, and that death occurred at 9:10 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Richard W. Peeler M.D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

9/9/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Sept. 14/52

24C. NAME OF CEMETERY OR CREMATORY

Greenview

24D. LOCATION (City, town, or county) (State)

Greenview

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

Elroy O. Wilson 1000 Bunting Ave

DECLARATION OF DEATH
STATE OF CALIFORNIA

DECLARATION OF DEATH

DECLARATION OF DEATH

DECLARATION OF DEATH

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DECLARATION OF DEATH

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8383

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 8383

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

C. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT ADDRESS

18. DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 1935, to Sept 10, 1952, that I last saw the
deceased alive on Sept 8, 1952 and that death occurred at 5:40 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MEMORANDUM

TO : DIRECTOR

FROM : SAC, NEW YORK

SUBJECT: [Illegible]

RE: [Illegible]

DATE: [Illegible]

CLASSIFICATION: [Illegible]

DISSEMINATION: [Illegible]

ADMINISTRATIVE: [Illegible]

COMMENTS: [Illegible]

APPROVAL: [Illegible]

SIGNATURE: [Illegible]

DATE: [Illegible]

BY: [Illegible]

FOR: [Illegible]

-623
-8384

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 8384

BIRTH NO.

1. NAME OF DECEASED (Type or Print) ROSA CHRISTELLO		2. DATE OF DEATH 9/9/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION SINAI HOSP OF BALTIMORE		C. CITY OR TOWN (If outside corporate limits, write A.U.A. and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 1123 Quantrill Way			
C. Length of stay in Baltimore Yrs. Mos. Days			
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Dec. 11, 1909
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sheet Metal Worker		10B. KIND OF BUSINESS OR INDUSTRY Glen L. Martin	9. AGE (in years last birthday) 42
11. BIRTHPLACE (State or foreign country) North Carolina		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Harvey Measimer		14. MOTHER'S MAIDEN NAME Jenne Trautman	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Joseph Christello		ADDRESS 1123 Quantrill	

18. 560.3 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) putmonary embolism DUE TO	19. CAUSE OF DEATH putmonary embolism	20. INTERVAL BETWEEN ONSET AND DEATH ?
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Post operative 6 days.		

19A. DATE OF OPERATION 9/8/52	19B. MAJOR FINDINGS OF OPERATION epigastric hernia.	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 9/2 19 52 , to 9/9 19 52 , that I last saw the deceased alive on 9/9 19 52 , and that death occurred at 7:55 A.M. , from the causes and on the date stated above.		
23A. SIGNATURE Stanley M. Silverberg	23B. ADDRESS Sinai Hosp.	23C. DATE SIGNED 9/9/52

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Sept 12 1952	24C. NAME OF CEMETERY OR CREMATORY Mt. Pleasant Cem	24D. LOCATION (City, town, or county) (State) Mt. Pleasant North Carolina
DATE RECEIVED BY LOCAL REGISTRAR SEP 10 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR John A. Moran	ADDRESS 3000 E. Baltimore St

594 3T
1952 20 20 8 3 8 0

MEDICAL CERTIFICATION

1953

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1953

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2 8385
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 8385
Registered No.

1. NAME OF DECEASED (Type or Print) JOSEPH HENRY CARR		2. DATE OF DEATH 9/8/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION Union Memorial Hospital		C. CITY OR TOWN (If outside corporate limits, write FULL and give township) Baltimore	
6. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1304 Eutaw Place	
7. SEX Male	8. COLOR OR RACE White	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	10. DATE OF BIRTH Aug 14, 1896
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Architectural Engineer		10B. KIND OF BUSINESS OR INDUSTRY E.I. DuPont Co	11. BIRTHPLACE (State or foreign country) Iowa
13. FATHER'S NAME JOSEPH H. CARR		12. CITIZEN OF WHAT COUNTRY? USA	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) YES		16. SOCIAL SECURITY NO. 225-26-1936	
17. INFORMANT WIFE - JEAN CARR		ADDRESS 1304 Eutaw Place	

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) (A) Myocardial infarction DUE TO		INTERVAL BETWEEN ONSET AND DEATH 1 day 3 weeks
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) Coronary insufficiency DUE TO		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 9/7 , 19 52 , to 9/8 , 19 52 , that I last saw the deceased alive on 9/8 , 19 52 , and that death occurred at 2:02 a.m., from the causes and on the date stated above.					
23A. SIGNATURE Georgia Reynolds		23B. ADDRESS Union Memorial Hospital		23C. DATE SIGNED 9/8/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Sept 11/52		24C. NAME OF CEMETERY OR CREMATORY Bellington Station Bellington Va.	
24D. LOCATION (City, town, or county) (State) Baltimore Md.		25. FUNERAL DIRECTOR Huntington Williams, 102 Wiggert & Sons Eutaw Place & Lavelle St			

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 8386

BIRTH NO.

1. NAME OF DECEASED (Type or Print) *Mary M. Faulkner* 2. DATE OF DEATH *September 8, 1952*

3. PLACE OF DEATH: A. Baltimore City, Maryland 4. USUAL RESIDENCE (Where deceased lived before admission) A. STATE *md.* B. COUNTY *Baltimore*

B. FULL NAME OF HOSPITAL OR INSTITUTION *JOHNS HOPKINS HOSPITAL* C. CITY OR TOWN *Baltimore* (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location) *33 MUNDACK RD. 5300* E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days

5. SEX *Female* 6. COLOR OR RACE *White* 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) *married* 8. DATE OF BIRTH *3-30-05* 9. AGE (In years last birthday) *47* 10. UNDER 1 Year Months Days 11. UNDER 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) *Housewife* 10B. KIND OF BUSINESS OR INDUSTRY *Home* 11. BIRTHPLACE (State or foreign country) *Kentucky* 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME *Wm. E. Merritt* 14. MOTHER'S MAIDEN NAME *Margaret Burch*

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS *JOHNS HOPKINS HOSPITAL*

18. *581.1* CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) (A) *Septicemic infection* DUE TO 2 months

ANTECEDENT CAUSES (B) *Gallbladder crisis* DUE TO 2 months

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) *Alcoholism* ?

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. *congestive heart failure & aneurysm*

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *9-21*, 19*52*, to *9-8*, 19*52*, that I last saw the deceased alive on *9-8*, 19*52*, and that death occurred at *6:25 p.m.*, from the causes and on the date stated above.

23A. SIGNATURE *John L. Higgins* 23B. ADDRESS *JOHNS HOPKINS HOSPITAL* 23C. DATE SIGNED *9/8/52*

24A. BURIAL, CREMATION, REMOVAL (Specify) *Burial* 24B. DATE *Sept. 12, 1952* 24C. NAME OF CEMETERY OR CREMATORY *New Cathedral* 24D. LOCATION (City, town, or county) *Balto.* (State) *Md.*

DATE RECEIVED BY LOCAL REGISTRAR *SEP 10 1952* REGISTRAR'S SIGNATURE *Huntington Williams, M.D.* 25. FUNERAL DIRECTOR *John T. Stansbury* ADDRESS *2700 Edmondson Ave.*

8888

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

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CAUSE OF DEATH

DEATH CERTIFICATE

BALTIMORE CITY HEALTH DEPARTMENT

BALTIMORE CITY HEALTH DEPARTMENT

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BALTIMORE CITY HEALTH DEPARTMENT

BALTIMORE CITY HEALTH DEPARTMENT

BALTIMORE CITY HEALTH DEPARTMENT

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 8387**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Catherine Kate Jarloff

2. DATE
OF
DEATH

Sept. 8, 1952

3. PLACE OF DEATH: **Hosp. for Women of Maryland**
A. **Baltimore City, Maryland**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE **Md.** B. COUNTY **Baltimore** (before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
Baltimore township)
20-06

D. STREET ADDRESS (If rural, give location)
407 Parksley Avenue,

Length of stay in Baltimore **life**

Yrs.
Mos.
Days

5. SEX
female

6. COLOR OR RACE
white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
widow

B. DATE OF BIRTH
Dec ? 1876

9. AGE (In years
last birthday)
74

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

home

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

John Herman

14. MOTHER'S MAIDEN NAME

unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

patient

ADDRESS

18. **422.1**

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) **cardiovascular heart-disease**
DUE TO **arteriosclerosis**

several years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) **bilateral bronchopneumonia**
DUE TO **cerebral arteriosclerosis**

6 weeks
years

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

22. I hereby certify that I attended the deceased from **July 25**, 19**52**, to **Sept 5**, 19**52**, that I last saw the
deceased alive on **Sept 8**, 19**52**, and that death occurred at **6:15 p.** m., from the causes and on the date stated above.

23A. SIGNATURE

Wilegard Heard Reissner

23B. ADDRESS

M. D.

Women's Hospital Baltimore

23C. DATE SIGNED

Sept 9-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

9/11/52

24C. NAME OF CEMETERY OR CREMATORY

Mt. Olivet

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

SEP 11 1952

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

47th Cook Ave. 1217 St. Paul St.

7822 53

7822



652
2 8388BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 8388

BIRTH NO.

1. NAME OF DECEASED (Type or Print) LENA BORNSCHLEGEL		2. DATE OF DEATH SEPT. 10-1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland 7314 OLD HARFORD RD.		B. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) STATE _____ B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION —		C. CITY OR TOWN (If outside corporate limits, write RURAL and give town ship) BALTIMORE MD 7-07	
C. Length of stay in Baltimore 71 Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 7314 OLD HARFORD RD.	
5. SEX FEM.	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOW	8. DATE OF BIRTH SEPT 10th 1878
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WORK		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) Months: Days Hours: Min. 74
11. BIRTHPLACE (State or foreign country) GERMANY		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME FRED. HIPCHEN		14. MOTHER'S MAIDEN NAME DOROTHEA HAMMER	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT MR JOSEPH MILLER		18. ADDRESS 7314 OLD HARFORD RD	
18. 442X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Congestive heart failure DUE TO (B) hypertensive cardio-vascular DUE TO renal disease (C) none INTERVAL BETWEEN ONSET AND DEATH 3/29/52 2			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. none			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 3/29th 1952 to 9/10 , 1952, that I last saw the deceased alive on 9/10 , 1952, and that death occurred 8 P.m. , from the causes and on the date stated above.			
23A. SIGNATURE Harry Keisel		23B. ADDRESS 1726 Homer St	
23C. DATE SIGNED 9/11/52			
24A. BURIAL, CREMA- TION REMOVAL (Specify) BURIAL		24B. DATE SEPT. 13 52	
24C. NAME OF CEMETERY OR CREMATORY HOLT CROSS CFM		24D. LOCATION (City, town, or county) (State) A. A. Co.	
DATE RECEIVED BY LOCAL REGISTRAR SEP 11 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
VS 150		25. FUNERAL DIRECTOR Bernard G Harke	
		ADDRESS 121 E West St	

MEDICAL CERTIFICATION

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CONCRETE

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 8389
Registered No. _____

520
8389
BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) Lewing Edras Hensge			2. DATE OF DEATH Sept. 9, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland 3127 Virginian Ave.			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)			C. CITY OR TOWN (If outside corporate limits, write R.U.L. and give township) Baltimore		
C. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) 3127 Virginia Ave.		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 22, 1899	9. AGE (In years last birthday) 52	If Under 1 Year Months: _____ Days: _____ If Under 24 Hours Hours: _____ Min: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Harry L. Parks			14. MOTHER'S MAIDEN NAME Mary Leaf		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No.	16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Albert P. Hensge 3127 Virginia Ave.			

18. 260 x I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) Coronary Thrombosis DUE TO _____ (B) Chr. Myocarditis DUE TO _____ (C) Diabetes mellitus	INTERVAL BETWEEN ONSET AND DEATH 9/9/52 1950 1950
	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
	19A. DATE OF OPERATION _____ 19B. MAJOR FINDINGS OF OPERATION _____	

19A. DATE OF OPERATION _____		19B. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Aug 14</u> , 19 <u>50</u> to <u>Sept 4</u> , 19 <u>52</u> ; that I last saw the deceased alive on <u>Sept 8</u> , 19 <u>52</u> , and that death occurred at <u>2:40 AM</u> from the causes and on the date stated above.					
23A. SIGNATURE Percy Brown		23B. ADDRESS 3602 Liberty Hgts. Ave.		23C. DATE SIGNED 9/9/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Sept. 12, 1952	24C. NAME OF CEMETERY OR CREMATORY Prospect Hill	24D. LOCATION (City, town, or county) (State) Towson, Md.		
DATE RECEIVED BY LOCAL REGISTRAR SEP 11 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR ADDRESS Ullrich Funeral Home 2008 Orleans St.			

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STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

0893

DATE OF BIRTH

CAUSE OF DEATH

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52-8390**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) STANLEY KRUSZEWSKI		2. DATE OF DEATH September 9, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Morgue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 714 S. Register Street		E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Separated	8. DATE OF BIRTH July 6, 1879
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Auto Finisher		10B. KIND OF BUSINESS OR INDUSTRY Auto Painting	
11. BIRTHPLACE (State or foreign country) Poland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME JOSEPH KRUSZEWSKI		14. MOTHER'S MAIDEN NAME Teofilia Wisniewska	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 217-12-6069A	
17. INFORMANT Mary Jackowska, 325 Register St.		ADDRESS	

18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic cardiovascular disease DUE TO (A) _____		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES (B) _____ DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) _____		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **Inspection & Inquiry** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: **natural causes** ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>William H. Bourke</i>		23B. CHIEF MEDICAL EXAMINER..... <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR..... <input type="checkbox"/>		23C. DATE SIGNED Sept. 9, 1952
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Sept. 13-1952	24C. NAME OF CEMETERY OR CREMATORY Holy Cross Polish National	24D. LOCATION (City, town, or county) (State) Balto., Co. Md.	
DATE RECEIVED BY LOCAL REGISTRAR SEP 11 1952	REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	25. FUNERAL DIRECTOR Wm. S. Fialkowski 2007 Eastern Ave.		

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 8391
Registered No.

BIRTH NO.			1. NAME OF DECEASED (Type or Print) <i>William Hallis</i>			2. DATE OF DEATH <i>September 9, 1952</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Acc. Room</i>			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>md.</i> B. COUNTY					
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>			7-04		
Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <i>957 N. Washington St.</i>					
5. SEX <i>male</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>MARRIED</i>	8. DATE OF BIRTH <i>9-15-1900</i>	9. AGE (In years last birthday) <i>51</i>	If Under 1 Year Months: Days			If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>HUCKSTER</i>			10B. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME <i>ABRAHAM SNOWDEN</i>			14. MOTHER'S MAIDEN NAME <i>ALBERTA HOLLIS</i>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>			16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		

18. <i>023X I</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Syphilitic Cardiovascular Disease = aortic insufficiency</i>		CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION <i>9-9-52</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from *9-9-1952* to *9-9-1952*, that I last saw the deceased alive on *9-9-1952*, and that death occurred at *1:20 P.M.*, from the causes and on the date stated above.

23A. SIGNATURE <i>Thomas P. Henanif</i>		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>9/9/52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>		24B. DATE <i>9-13-52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>MT. CALVARY</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>SEP 11 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR <i>Joseph E. Locks, Jr. 1304 N. Central Ave.</i>	

5 24306A

NOT A MEDICAL EXAMINER'S CASE

William V. Lortz M.D.
CHIEF OR ASS'T. MEDICAL EXAMINER

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 8392**

BIRTH NO. 8392 52-21860		1. NAME OF DECEASED (Type or Print) BABY GIRL SUCROVICH		2. DATE OF DEATH 9-9-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland Sinai Hospital		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY BALTIMORE			
B. FULL NAME OF HOSPITAL OR INSTITUTION SINAI HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write R.R. and give township) BALTIMORE 27-22			
C. Length of stay in Baltimore 29 Hrs.		D. STREET ADDRESS (If rural, give location) 3924 ROSECREST AVE			
5. SEX FE	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH 9-8-52	9. AGE (In years last birthday) 19 Hrs.	10. Under 1 Year Months: Days: 19 26
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) MARYLAND	
13. FATHER'S NAME Jose		14. MOTHER'S MAIDEN NAME Goa		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO.		17. INFORMANT Jose Sucrovich ADDRESS Same	

MEDICAL CERTIFICATION

18. 773.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) ACUTE HEMORRHAGE-Umbilical DUE TO (B) PERIPHERAL SHOCK DUE TO (C) CEREBRAL ANOXIA		INTERVAL BETWEEN ONSET AND DEATH 17 Hrs. 17 Hrs. 17 Hrs.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION NONE		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) /		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 9-8 19 52 to 9-9 19 52 , that I last saw the deceased alive on 9-9-52 , 19 52 and that death occurred at 5:33 p.m. , from the causes and on the date stated above.					
23A. SIGNATURE Margaret Leftwich M. D.		23B. ADDRESS Sinai Hospital		23C. DATE SIGNED 9-10-52	

24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 9-11-52		24C. NAME OF CEMETERY OR CREMATORY Herring Run		24D. LOCATION (City, town, or county) (State) Balto Md	
DATE RECEIVED BY LOCAL REGISTRAR SEP 11 1952		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR Jack Lewis		ADDRESS 2100 Eutan Pl	

1 9 5 2 0 8 3 8 8

2013-2014

STANDARD OF DATA

2013

1. The first part of the report is a summary of the data collected during the year. This summary is based on the information provided by the various departments and is intended to give a general overview of the results of the work.

2. The second part of the report is a detailed account of the work done during the year. This part is divided into sections, each dealing with a different aspect of the work.

3. The third part of the report is a summary of the conclusions reached during the year. This summary is based on the information provided by the various departments and is intended to give a general overview of the results of the work.

4. The fourth part of the report is a summary of the recommendations made during the year. This summary is based on the information provided by the various departments and is intended to give a general overview of the results of the work.

5. The fifth part of the report is a summary of the conclusions reached during the year. This summary is based on the information provided by the various departments and is intended to give a general overview of the results of the work.

6. The sixth part of the report is a summary of the recommendations made during the year. This summary is based on the information provided by the various departments and is intended to give a general overview of the results of the work.

7. The seventh part of the report is a summary of the conclusions reached during the year. This summary is based on the information provided by the various departments and is intended to give a general overview of the results of the work.

8. The eighth part of the report is a summary of the recommendations made during the year. This summary is based on the information provided by the various departments and is intended to give a general overview of the results of the work.

9. The ninth part of the report is a summary of the conclusions reached during the year. This summary is based on the information provided by the various departments and is intended to give a general overview of the results of the work.

10. The tenth part of the report is a summary of the recommendations made during the year. This summary is based on the information provided by the various departments and is intended to give a general overview of the results of the work.

11. The eleventh part of the report is a summary of the conclusions reached during the year. This summary is based on the information provided by the various departments and is intended to give a general overview of the results of the work.

12. The twelfth part of the report is a summary of the recommendations made during the year. This summary is based on the information provided by the various departments and is intended to give a general overview of the results of the work.

13. The thirteenth part of the report is a summary of the conclusions reached during the year. This summary is based on the information provided by the various departments and is intended to give a general overview of the results of the work.

14. The fourteenth part of the report is a summary of the recommendations made during the year. This summary is based on the information provided by the various departments and is intended to give a general overview of the results of the work.

15. The fifteenth part of the report is a summary of the conclusions reached during the year. This summary is based on the information provided by the various departments and is intended to give a general overview of the results of the work.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 8393

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Wagman, Dora

2. DATE
OF
DEATH

Sept. 10, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Doctors Hospital - 2224 Chas. St.

Yrs.
Mos.
Days

C. CITY OR TOWN, (If outside corporate limits write RURAL and give township)

Maryland
Baltimore

D. STREET ADDRESS (If rural, give location)

2635 Loyola No. Way #15

C. Length of stay in Baltimore

50 yrs

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

9. AGE (In years last birthday)

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

/ 2

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

House wife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Not known

14. MOTHER'S MAIDEN NAME

Not known

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS,

Jack Wagman - 4108 Jarmon Pl

18. 170x and 260x

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Cerebral Hemorrhage
Hypertension

ANTECEDENT CAUSES

(B)

DUE TO

Diabetic Arteriosclerosis

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

Carcinoma Metastases to dorsal spine
CARCINOMA OF THE BREAST, PRIMARY

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

DIABETES

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/1 1952 to 9/9 1952, that I last saw the deceased alive on 9/9 1952 and that death occurred at 9:30 A. M., from the causes and on the date stated above.

22A. SIGNATURE

A. L. Hornstein

M. D.

22B. ADDRESS

204 E. Biddle St

22C. DATE SIGNED

9/10/52

23A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23B. DATE

9-11-52

23C. NAME OF CEMETERY OR CREMATORY

Beth Lease

23D. LOCATION (City, town, or county)

Baltimore

(State)

Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

24. FUNERAL DIRECTOR

ADDRESS

SEP 11 1952

Jack Lewis 2100 E. Pratt Pl

See Document File 52-8393
answer to query

Hornstein
204 E Middle
Pa 8127

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered **52** **8394**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) ADDIE JOHNSON		2. DATE OF DEATH Sept. 10, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF <small>if not in hospital or institution, give street address or location</small> Baltimore City Morgue		C. CITY OR TOWN (If outside corporate limits, write R.R. and give township) Baltimore	
length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 613 Collette St.	
5. SEX female	6. COLOR OR RACE colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 3/5/02
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) H. Wife		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (in years last birthday) 50
13. FATHER'S NAME ?		12. CITIZEN OF WHAT COUNTRY? USA	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT John Johnson 613 Collett St.		ADDRESS	

18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic cardiovascular disease DUE TO (A) ANTECEDENT CAUSES DUE TO (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	INTERVAL BETWEEN ONSET AND DEATH
--	----------------------------------

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **inspection & inquiry** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: **natural causes** ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE <i>R. H. Fisher</i>	23B. CHIEF MEDICAL EXAMINER..... <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input type="checkbox"/> MEDICAL INVESTIGATOR..... <input type="checkbox"/> M.D. Sept. 10, 1952		
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 9/13/52	24C. NAME OF CEMETERY OR CREMATORY Mt Auburn	24D. LOCATION (City, town, or county) (State) Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR SEP 11 1952	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i> 25. FUNERAL DIRECTOR Geo. G. Nelson 1303 Presstman St.
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19520 *Geo. G. Nelson*

MEDICAL CERTIFICATION

1001

NEW YORK CITY

1001

THE

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NEW YORK

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NEW YORK

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 8395**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mr Ellen Cooper

2. DATE
OF
DEATH

9/7/1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE *Md.*

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

819 Edmondson Ave.

C. CITY OR TOWN

(If outside corporate limits, give RURAL and give township)

Balt.

17-03

D. STREET ADDRESS (If rural, give location)

819 Edmondson Ave.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Sept. 29 1889

9. AGE (In years last birthday)

62

If Under 1 Year

If Under 24 Hours

Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Balt. Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

?

14. MOTHER'S MAIDEN NAME

Lucy Linsley

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown)

No.

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mr Edgar Sheppard

18. *002X*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Pulmonary Tuberculosis

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

4 months

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from *May 4, 1952* to *Sept 7, 1952*, that I last saw the deceased alive on *Sept 7, 1952*, and that death occurred at *10 A m.*, from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

604 N. Fulton Ave

23C. DATE SIGNED

9/9/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

SEP 11 1952 *Huntington Williams, M.D.* *Mrs Kate R. Williams* *Sheridan St.*

19520008391

MEDICAL CERTIFICATION

525
8396

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 8396

BIRTH NO.		1. NAME OF DECEASED (Type or Print) RUDOLPH A JOHNSON		2. DATE OF DEATH Sept 7, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE MD. B. COUNTY		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE	
B. FULL NAME OF HOSPITAL OR INSTITUTION MERCY HOSP.		D. STREET ADDRESS (If rural, give location) 102 DIAMOND.		4-02	
C. Birth of stay in Baltimore		Yrs. Mos. Days		8. DATE OF BIRTH Sept 8, 1886	
5. SEX M	6. COLOR OR RACE N	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M.	9. AGE (In years last birthday) 65		10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) UNEMPLOYED D. BELLHOP - HOTEL		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) MD.	
13. FATHER'S NAME ABRAHAM		14. MOTHER'S MAIDEN NAME Charlotte ?		12. CITIZEN OF WHAT COUNTRY? U.S.A	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Mary Johnson 102 1/2 Diamond St.	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.) 260X I		CAUSE OF DEATH (A) UREMIA DUE TO (B) ASHD DUE TO (C) DIABETES MELLITUS		INTERVAL BETWEEN ONSET AND DEATH	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION NONE		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Sept 6, 1952 to Sept 7, 1952 that I last saw the deceased alive on Sept 7, 1952 and that death occurred at 12:31 P.M. , from the causes and on the date stated above.					
23. SIGNATURE Robert J. Lyden		23B. ADDRESS Mercy Hosp.		23C. DATE SIGNED 8/7/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 9/11/52		24C. NAME OF CEMETERY OR CREMATORY St. Vincent's Ch. Bldg.	
24D. LOCATION (City, town, or county) (State) Baltimore, Md.		25. FUNERAL DIRECTOR Mr. Katie R. Williams		ADDRESS 322 N. Schwenker St.	
DATE RECEIVED BY LOCAL REGISTRAR SEP 11 1952		REGISTRAR'S SIGNATURE Huntington Williams			

MEDICAL CERTIFICATION

1 97908B 008392

RATINGS

IN BATES' M. E. L. L. S.

560
88397

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 52 8397

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <u>WILLIAM J MAENNER</u>		2. DATE OF DEATH <u>Sept. 8-1952</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived before admission) A. STATE <u>md.</u> B. COUNTY <u>9-01</u>			
B. FULL NAME OF (If not in hospital or institution, give street address or location) <u>940 E. 41st. St.</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>			
C. Length of stay in Baltimore <u>28 yrs.</u>		D. STREET ADDRESS (If rural, give location) <u>940 E. 41st. St.</u>			
5. SEX <u>male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>March 2-1914</u>	9. AGE (In years last birthday) <u>38</u>	10. Under 1 Year Months Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Truck Driver</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>Self-employed Trucking</u>		11. BIRTHPLACE (State or foreign country) <u>Phila. Pa.</u>	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME <u>Wm. John Maenner</u>		14. MOTHER'S MAIDEN NAME <u>Anna Mae Lynch</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <u>Catherine Maenner, Huntington</u>	

18. <u>153X</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) <u>Generalized Carcinomatosis</u> DUE TO (B) <u>Carcinoma of the Cecum</u> DUE TO (C)	INTERVAL BETWEEN, ONSET AND DEATH <u>Smor.</u>
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19A. DATE OF OPERATION: <u>April 3-1952</u>	19B. MAJOR FINDINGS OF OPERATION: <u>Carcinoma of the Cecum.</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1952 to Sept. 8, 1952, that I last saw the deceased alive on Sept 8, 1952, and that death occurred at 7 P. m., from the causes and on the date stated above.

23A. SIGNATURE Frank W. Baker, Jr. M. D. 23B. ADDRESS 1028 Tunbridge Rd. 23C. DATE SIGNED 9-10-52

24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24B. DATE <u>Sept. 12-1952</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Holy Redeemer</u>	24D. LOCATION (City, town, or county) (State) <u>Belair Rd. Md.</u>
DATE RECEIVED BY LOCAL REGISTRAR <u>SEP 11 1952</u>	REGISTRAR'S SIGNATURE <u>Huntington Williams, M.D.</u>	25. FUNERAL DIRECTOR <u>John G. Connelly</u>	ADDRESS <u>418 Eastern Ave. Balto. 21, Md.</u>

5683052 8393

MEDICAL CERTIFICATION

Principles of Life

Principles of Life

Principles of Life

Principles of Life

Principles of Life

P-434
52 8398BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 8398
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) IDA POLTILOVE		2. DATE OF DEATH September 11, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE Maryland B. COUNTY			
5. FULL NAME OF HOSPITAL OR INSTITUTION 2449 Shirley Ave		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
6. Length of stay in Baltimore 45 years		D. STREET ADDRESS (If rural, give location) 2543 Park Heights Terrace 15-13			
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH 1876	9. AGE (in years last birthday) 76	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10B. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (State or foreign country) Russia	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Lazer Winter			
14. MOTHER'S MAIDEN NAME Unknown		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			
16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Harvey Poltilove 3602 Menlo Drive			
18. 420.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic Heart Disease DUE TO (A) Age DUE TO (B) Age DUE TO (C)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH 2 yrs.	
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (a.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Sept. 9, 1952 , to Sept 11, 1952 , that I last saw the deceased alive on Sept. 9, 1952 and that death occurred at 6:30 A.M. , from the causes and on the date stated above.					
23A. SIGNATURE Wm. R. Kreibitz M.D.		23B. ADDRESS 54 S. Fulton Ave.		23C. DATE SIGNED 9-11-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Sept 12, 1952		24C. NAME OF CEMETERY OR CREMATORY Hebron Rosecliff Cemetery	
24D. LOCATION (City, town, or county) (State) Baltimore Md		25. FUNERAL DIRECTOR Sol Lewinson & Sons		ADDRESS 1126 W North Ave	
DATE RECEIVED BY LOCAL REGISTRAR SEP 11 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		VS 150	

MEDICAL CERTIFICATION

19520008394

ny-260
52 8399

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 8399
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Anna M. Yeager</i>		2. DATE OF DEATH <i>Sept. 9-52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>3201 Moravia Blvd.</i>		5. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto.</i>	
6. G. Length of stay in Baltimore		6. STREET ADDRESS (If rural, give location) <i>3201 Moravia Blvd.</i>	
7. SEX <i>Female</i>	8. COLOR OR RACE <i>White</i>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	10. DATE OF BIRTH <i>Dec. 14-1897</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Box Maker</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>J. E. Smith & Co.</i>	
11. FATHER'S NAME <i>John Yeager</i>		12. CITIZEN OF WHAT COUNTRY?	
13. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		14. SOCIAL SECURITY NO.	
15. MOTHER'S MAIDEN NAME <i>Jina Markwitz</i>		16. INFORMANT <i>John Yeager 310 S. Robinia St.</i>	

18. <i>181X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <i>Carcinoma Bladder</i> <i>metastatic of ascending colon</i>	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(A) DUE TO (B) DUE TO (C) DUE TO	

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION <i>0</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m. from the causes and on the date stated above.

23A. SIGNATURE <i>[Signature]</i>	23B. ADDRESS <i>8902 Greenway Pl</i>	23C. DATE SIGNED <i>7/10/52</i>
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24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>Sept. 13-52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Parkwood Cem.</i>	24D. LOCATION (City, town, or county) (State) <i>Balto. Md.</i>
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DATE RECEIVED BY LOCAL REGISTRAR <i>11 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>John A. Miller</i>	ADDRESS <i>2334 Jefferson St.</i>
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MEDICAL CERTIFICATION

698-4X 008399

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RECEIVED BY THE U.S. DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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N-240
52 8400BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 8400
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Lindsay Nicol</i>			2. DATE OF DEATH <i>Sept. 10 1952</i>		
3. PLACE OF DEATH: * Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Ma</i> B. COUNTY		
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>ma. General Hosp.</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>		
6. LENGTH OF STAY IN BALTIMORE <i>Life</i>			D. STREET ADDRESS (If rural, give location) <i>2007 Whistler Ave. 25-43</i>		
5. SEX <i>m</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>June 2 1883</i>	9. AGE (In years last birthday) <i>69</i>	10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired School Teacher, Board of Ed-</i>			11. BIRTHPLACE (State or foreign country) <i>Pa.</i>		
13. FATHER'S NAME <i>Adam Nicol</i>			14. MOTHER'S MAIDEN NAME <i>Mildred Louise Lindsay</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. <i>212 20 0469</i>		
			17. INFORMANT ADDRESS <i>Mrs. Mildred M. Nicol, 2007</i>		

18. *260x* CAUSE OF DEATH *Whistler Ave.* INTERVAL BETWEEN ONSET AND DEATH *7*DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
Diabetic acidosis(A) *Diabetic acidosis*
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION *0* 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Sept. 9*, 1952 to *Sept. 10*, 1952, that I last saw the deceased alive on *Sept. 10*, 1952, and that death occurred at *8:10 A.M.*, from the causes and on the date stated above.23A. SIGNATURE *Lyn - Jean Linn* M. D. 23B. ADDRESS *Ind. General Hosp.* 23C. DATE SIGNED *Sept. 10 1952*24A. BURIAL CREMATION, REMOVAL (Specify) *Burial* 24B. DATE *Sept. 13/52* 24C. NAME OF CEMETERY OR CREMATORY *Loudon Pk.* 24D. LOCATION (City, town, or county) (State) *Balto. 29, Md.*DATE RECEIVED BY *FP 11 1952* REGISTRAR'S SIGNATURE *Huntington Williams, M.D.* 25. FUNERAL DIRECTOR *Harry A. Witte* ADDRESS *4101 Edmondson Ave*

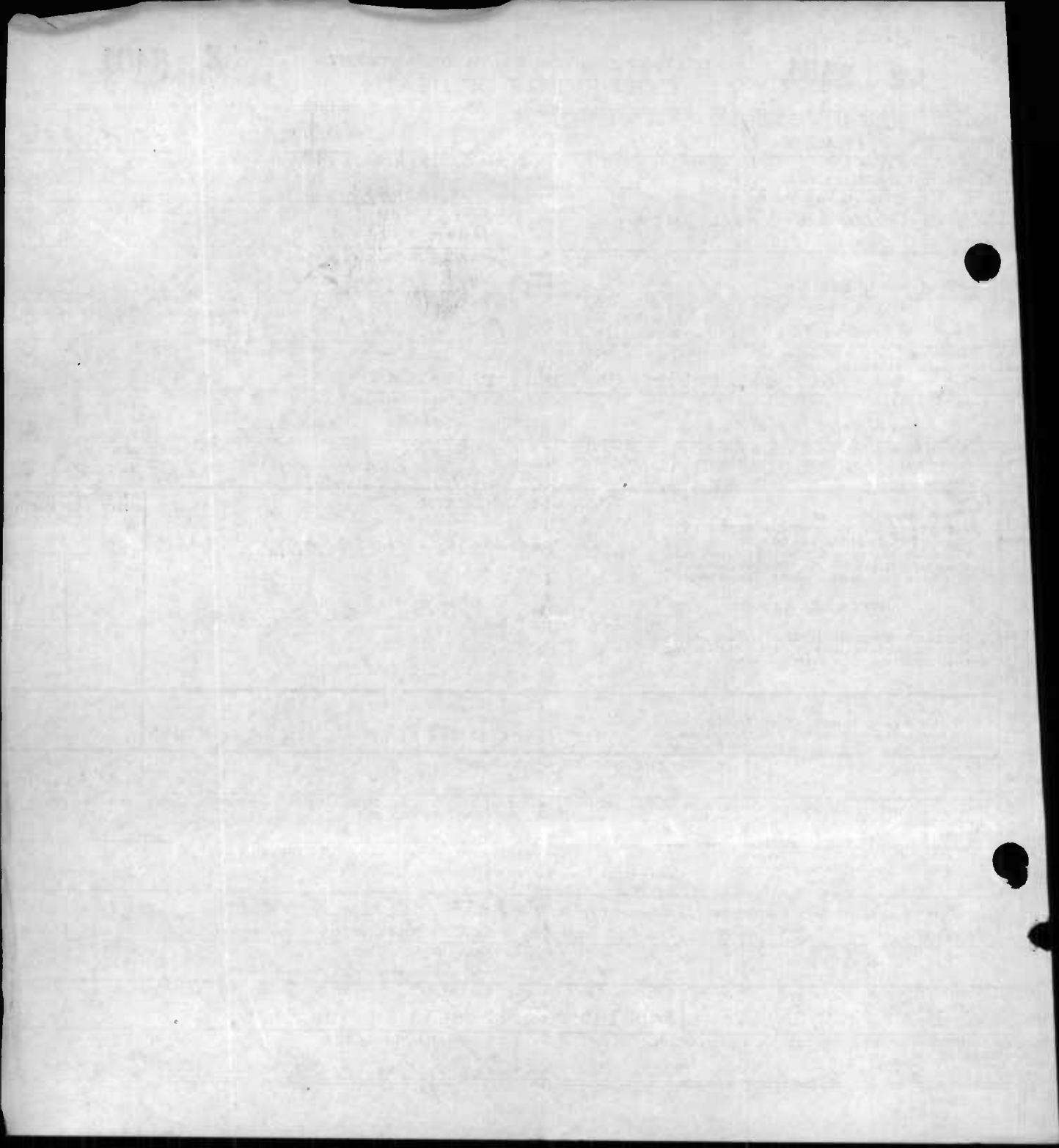
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82

UNITED STATES OF AMERICA
DEPARTMENT OF THE ARMY
OFFICE OF THE ADJUTANT GENERAL
WASHINGTON, D. C. 20315

0018

82



H-530
52 8402Hertz
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 8402
Registered No.

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) <i>Kaw. B. Hartz</i>	
2. DATE OF DEATH <i>9/10/52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>3036 Chesterfield Ave</i>	
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MD</i> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>3036 Chesterfield Ave</i>	
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 26-03</i>	
D. STREET ADDRESS (If rural, give location) <i>3036 Chesterfield Ave</i>	
Length of stay in Baltimore <i>Life</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widow</i>	8. DATE OF BIRTH <i>Nov 25/1874</i>
9. AGE (in years last birthday) <i>78</i>	10. Under 1 Year Months: Days
11. Under 24 Hours Hours: Min.	12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
13. FATHER'S NAME <i>Samuel P. Hawley</i>	14. MOTHER'S MAIDEN NAME <i>Budget Turner</i>
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.
17. INFORMANT <i>Mr. John F. Hartz</i> ADDRESS <i>3036 Chesterfield Ave</i>	
18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>acute coronary thrombosis</i> DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>hypertensive cardio-vascular disease</i> OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
INTERVAL BETWEEN ONSET AND DEATH <i>48 hrs.</i> <i>4 months</i>	
19A. DATE OF OPERATION <i>0</i>	
19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>June, 1952</i> to <i>9/10, 1952</i> , that I last saw the deceased alive on <i>9/10, 1952</i> , and that death occurred at <i>6:30 p.m.</i> , from the causes and on the date stated above.	
23A. SIGNATURE <i>Samuel B. Ryanovics</i> M.D.	
23B. ADDRESS <i>3500 Erdman Ave</i>	
23C. DATE SIGNED <i>9/10/52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify)	
24B. DATE <i>9/13/52</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Old Baltimore Cem.</i>	
24D. LOCATION (City, town, or county) (State) <i>4300 Old Frederick Rd</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>P 11 1952</i>	
REGISTRAR'S SIGNATURE <i>H. F. Williams</i>	
25. FUNERAL DIRECTOR <i>John Courson</i> ADDRESS <i>408 S. Holliston St.</i>	

MEDICAL CERTIFICATION

5042

92

RECEIVED BY THE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

1918

1918



532

8403

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 8403

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Francis Joseph Nemetz

2. DATE
OF
DEATH

Sept. 10, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE Maryland

B. COUNTY before admission)

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

1813 Linden Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore City

D. STREET ADDRESS (If rural, give location)

1813 Linden Avenue

c. Length of stay in Baltimore

13 Yrs.

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

Married

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

July 4, 1907

9. AGE (In years

last birthday)

45 yrs.

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Welder

10B. KIND OF BUSINESS OR INDUSTRY

Bethlehem Steel

11. BIRTHPLACE (State or foreign country)

Austria

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John Nemetz

14. MOTHER'S MAIDEN NAME

Rose ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

Unknown

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Joy Reader Nemetz 1813 Linden

18. 163X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

CARCINOMA - LUNG - R

2 yrs.

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

MARCH-15-1952

19B. MAJOR FINDINGS OF OPERATION

INOPERABLE

CARCINOMA

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JAN 10, 1951, to SEPT. 10, 1952, that I last saw the deceased alive on 9/10, 1952, and that death occurred at 9:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Sept. 12, 1952

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn Cemetery

24D. LOCATION (City, town, or county)

(State)

Baltimore County, Maryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 11 1952

Huntington Williams, M.D.

J. O. Mitchell & Sons Inc.

1900 Eutaw Place

Balto. 17, Md.

VS 150

1968 034 8392

MEDICAL CERTIFICATION

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 8404**

1. PLACE OF DEATH:

(a) Baltimore City, Maryland
(b) Street address **1019 Somerset St.**
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Md.** (b) County **10-01**
(c) City or town **Ba 140.**
(If outside city or town limits, write RURAL and give town)
(d) Street No. **1019 Somerset St.**
(If rural give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

3 (a) FULL NAME

Walter, Irvin

3 (b) If veteran, name war

3 (c) Social Security Account
No. **218-07-0557**

4. Sex **M** 5. Color or race **C** 6 (a) Single, married, widowed, or divorced **Single**

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) **1900**

8. AGE: Years **52** Months Days If less than one day
hr. min.

9. Birthplace **Union Co. Monroe, N. C.**
(Town, county, and state)

10. Usual Occupation

11. Industry or business **Hotel work**

12. Name **V. Patrick Walker**

13. Birthplace **N. C.**

14. Maiden Name **Mary Walker**

15. Birthplace **N. C.**

(a) Informant **Mr. Mack Walker**

(b) Address **906 Coats St. Coatsville, Pa.**

17 (a) **Burial** (b) Date thereof **9 14 52**
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory
Location **Monroe, N. C.**

18 (a) Funeral director **C. P. Law**

(b) Address **802 Madison Ave.**

19 (a) **SEP 11 1952** (b) **Huntington Williams**
(Date rec'd by registrar) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH **7 September 19 1952** at **10:57** M

21. I certify that death occurred on the date above stated; that I attended deceased from **2 Sept 19 52** to **8 Sept 19 52**, and that I last saw him alive on **8 Sept 19 52**.

Immediate cause of death

**Cardiovascular
renal disease
Hypertension**

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury **A. C. Baywell**

23. Signature **A. C. Baywell**

Address **151 Airguth** Date signed **9/11/52**

Duration

18 months

PHYSICIAN

Underline the cause to which death should be charged statistically.

INSTRUCTIONS FOR MEDICAL CERTIFICATION

WHAT IS A "CAUSE OF DEATH"?

For the death certificate, a cause-of-death statement should involve only those disease entities which have contributed to the death. Symptoms or findings are not wanted except as they are needed in determining the underlying cause of death.

DEFINITION OF IMMEDIATE CAUSE OF DEATH:

The last of a series of disease entities which contribute to a death will be known as the immediate cause of death. When there is only one disease entity present, this becomes the immediate cause of death.

DEFINITION OF UNDERLYING CAUSE OF DEATH:

The disease entity which initiates the series of disease entities resulting in death will be known as the underlying cause of death. When there is only one disease entity present, the underlying cause of death and the immediate cause of death are considered to be identical. The underlying cause of death should be written in the space following the words *due to* and should be stated in reverse order of occurrence from the immediate cause of death.

If there is more than one cause contributing to the death, the physician is expected to underline that particular ONE

cause to which, in his opinion, the death should be charged for purpose of statistical tabulation.

DEFINITION OF OTHER CONDITIONS:

Other conditions, existing coincidentally, which might have contributed to the risk of dying, but are not related to any clear-cut manner to the immediate or underlying cause of death, should be given under this item. Pregnancy within 3 months of death should be included because so many times causes of maternal death are missed unless this information is noted.

If operation or autopsy findings exist, the physician is requested to list the major conditions which have weight in deciding the underlying cause to which the death should be charged statistically.

For additional discussion of this subject see **PHYSICIANS' HAND-BOOK ON BIRTH AND DEATH REGISTRATION** issued by the U. S. Bureau of the Census. A copy of this booklet may be secured from the Baltimore City Health Department.

150
8405

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 8405

1. NAME OF DECEASED (Type or Print) TOPPIN, CARMEN		2. DATE OF DEATH 9-11-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION Sinai Hospital		C. CITY OR TOWN (If outside corporate limits, write FULL and give township) Baltimore	
6. LENGTH OF STAY IN BALTIMORE		D. STREET ADDRESS (If rural, give location) 1516 McCulloch St #17	
7. SEX F	8. COLOR OR RACE C	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	10. DATE OF BIRTH 8-8-13 39 y. 8-8-1913
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Secretary		12. KIND OF BUSINESS OR INDUSTRY Sinai Hosp.	
13. FATHER'S NAME James A. Toppin		14. BIRTHPLACE (State or foreign country) Everett, Mass.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. 023-70-5230	
17. MOTHER'S MAIDEN NAME Violet Waterman		18. INFORMANT ADDRESS Violet Toppin 75 Belmont St. Everett, Mass.	
19. CAUSE OF DEATH I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Pulmonary edema (A) _____ DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. malignant hypertension (B) _____ DUE TO Uremia (C) _____			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 9-11-52		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 9-6-52 , 19 52 , to 9-11- , 19 52 , that I last saw the deceased alive on 9-11 , 19 52 , and that death occurred at 8:00 a.m. , from the causes and on the date stated above.			
23A. SIGNATURE Horace W. Beernson		23B. ADDRESS Sinai Hospital Balt.	
23C. DATE SIGNED 9-11-52			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 9-16-52	
24C. NAME OF CEMETERY OR CREMATORY Glen Wood		24D. LOCATION (City, town, or county) (State) Everett, Mass	
DATE RECEIVED BY LOCAL REGISTRAR SEP 11 1952		REGISTRAR'S SIGNATURE William M. Williams, M.D.	
VS 150		25. FUNERAL DIRECTOR ADDRESS C. R. Law 802 Madison Ave	

MEDICAL CERTIFICATION

195 235008T 8405

23 2100

STATE OF NEW YORK
CERTIFICATE OF DEATH

1911

Blank form with horizontal lines for text entry.

228406

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 8406

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Richter, Warner Marion			2. DATE OF DEATH September 10, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF (If not in hospital or institution, give street address or location) St. Joseph's Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore #6 5300		
C. Length of stay in Baltimore 5 Wks			D. STREET ADDRESS (If rural, give location) 17 E. Overlea Avenue		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Separated	8. DATE OF BIRTH Nov 9 - 1892	9. AGE (In years last birthday) 59	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Blue print man			10B. KIND OF BUSINESS OR INDUSTRY Philco Corp		
11. BIRTHPLACE (State or foreign country) Maryland			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Christian F Richter			14. MOTHER'S MAIDEN NAME Mary Bock		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO.		
17. INFORMANT Mr Christian Richter			ADDRESS 17 E. Overlea Ave		

CAUSE OF DEATH

18. 447X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Congestive Heart failure DUE TO (A) Congestive Heart failure (B) Nephrosclerosis DUE TO (C) Generalized arteriosclerosis	INTERVAL BETWEEN ONSET AND DEATH
I ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from August 4 , 1952, to Sept. 10 , 1952 that I last saw the deceased alive on Sept. 10 1952. and that death occurred at 7:45 a.m. , from the causes and on the date stated above.					
23A. SIGNATURE E. A. Coffey Jr.		23B. ADDRESS 1100 N. Caroline Street		23C. DATE SIGNED Sept. 10, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 9/12/52		24C. NAME OF CEMETERY OR CREMATORY Louisa Park Cem	
24D. LOCATION (City, town, or county) Balto		24E. NAME OF CEMETERY OR CREMATORY Balto		24F. LOCATION (City, town, or county) Balto	
25. FUNERAL DIRECTOR Lusscher Funeral Home		25. FUNERAL DIRECTOR Lusscher Funeral Home		25. FUNERAL DIRECTOR Lusscher Funeral Home	
26. DATE RECEIVED BY LOCAL REGISTRAR SEP 11 1952		26. REGISTRAR'S SIGNATURE Huntington Williams		26. REGISTRAR'S SIGNATURE Huntington Williams	

1956793198402

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 8407
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOHN SIEBERT

2. DATE
OF
DEATH

Sept. 9, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Baltimore City Hospitals

Length of stay in Baltimore

Life

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Core maker

10B. KIND OF BUSINESS OR
INDUSTRY

Brass Foundry

13. FATHER'S NAME

Frank P. Siebert

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL
SECURITY NO.

345-05-9216

8. DATE OF BIRTH

July 16-1881

9. AGE (In years
last birthday)

71

If Under 1 Year
Months Days

If Under 24 Hours
Hours Min.

11. BIRTHPLACE (State or foreign country)

Balto City Md

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

Lillian Young

17. INFORMANT

ADDRESS

Mrs Lillian Schmidt 6914 Beach Ave

18. **E912.3**

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) **Bronchopneumonia, bilateral
complicating multiple fractures of
extremities and trunk**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS
UNDERLYING OR CONTRIB-
UTING CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., In or
about home, farm, factory, street, office bldg., etc.)

industrial

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

Brass Foundry-Boston St. & Lakewood Ave.

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

August 26, 1952

21E. INJURY OCCURRED

WHILE AT WORK ☒ NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

Rack fell over on him

22. I certify that I took charge of the remains described above, held an **autopsy** thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. Fisher

23B. CHIEF MEDICAL EXAMINER.....
M.D. MEDICAL INVESTIGATOR.....

23C. DATE SIGNED
Sept. 10, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

9/13/52

24C. NAME OF CEMETERY OR CREMATORY

Balto Cem

24D. LOCATION (City, town, or county)

Balto

(State)

md

DATE RECEIVED BY
LOCAL REGISTRAR

SEP 11 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Lussaka Funeral Home 7401 Belair Rd

1000

1000

RECEIVED FROM THE
OFFICE OF THE
SECRETARY OF THE
NAVY

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 8408

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOHN TRAU

2. DATE OF DEATH
Sept. 8, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

St. Joseph's Hosp.

C. Length of stay in Baltimore life
Yrs. Mos. Days4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

4704 Holabird Ave.

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
single

8. DATE OF BIRTH

Oct. 1, 1895

9. AGE (In years last birthday)

56

If Under 1 Year Months Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Engineer

10B. KIND OF BUSINESS OR INDUSTRY
Patapsco-Back River R.R.

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?
U.S.

13. FATHER'S NAME

Joseph Trau

14. MOTHER'S MAIDEN NAME

Mary Kutcum

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
no16. SOCIAL SECURITY NO.
705-10-940717. INFORMANT ADDRESS
Louis Trau, brother, 3908 Foster Ave.18. 434.2 and 760x
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO

CAUSE OF DEATH

Coronary Atherosclerosis

Myocardial Infarction

INTERVAL BETWEEN ONSET AND DEATH

4 1/2 yrs.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
DIABETES MELLITUS

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/16, 1948, to 9/8, 1952, that I last saw the deceased alive on 9/8/52, and that death occurred at 1:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

M. J. Williams, M.D.

23B. ADDRESS

1076 8 E. Madison St.

23C. DATE SIGNED

9/9/52

24A. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24B. DATE

Sept. 12, 1952

24C. NAME OF CEMETERY OR CREMATORY

Oak Hill Cemetery

24D. LOCATION (City, town, or county)

Horner's Lane, Balto. Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Schimunek Funeral Home, Inc.
2601-3-5 E. Madison St.

ADDRESS

SEP 11 1952

VS 150

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MEDICAL CERTIFICATION

Query reply in Document File

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CERTIFICATE OF DEATH

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52 8409

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 8409

Registered No.

1. NAME OF DECEASED (Type or Print) Mr. Henry D. Eidman, Jr.		2. DATE OF DEATH 9-10-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore Md.		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Agnes Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
C. Length of stay in Baltimore 59 Years		D. STREET ADDRESS (If rural, give location) 5412 Addington Rd. 5300	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 4-1-1893
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Grain Business		10B. KIND OF BUSINESS OR INDUSTRY Grain Business	9. AGE (In years last birthday) 59
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME Henry D. Eidman		14. MOTHER'S MAIDEN NAME Elizabeth Smith	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. 218-32-3279	
17. INFORMANT Mrs. Margaret L. Eidman		ADDRESS 5412 Addington Rd.	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) COPHAGYSEAL FISTULA DUE TO Carcinoma Cophagus		INTERVAL BETWEEN ONSET AND DEATH 3 weeks 8 months	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Cachexia - Generalized Arteriosclerosis			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION July 1952		19B. MAJOR FINDINGS OF OPERATION Carcinoma, area 1/2nd, Cophagus	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 8/29 , 19 52 to 9/10 , 19 52 , that I last saw the deceased alive on 9/10 , 19 52 , and that death occurred at 9:27 am. from the causes and on the date stated above.			
23A. SIGNATURE H. K. Paduano		23B. ADDRESS St. Agnes Hospital	
23C. DATE SIGNED 9/10/52			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 9-13-1952	
24C. NAME OF CEMETERY OR CREMATORY Druid Ridge		24D. LOCATION (City, town, or county) (State) Pikesville, Md.	
DATE RECEIVED BY LOCAL REGISTRAR SEP 11 1952		25. FUNERAL DIRECTOR ADDRESS G. Howard Strong 3207 W. North Ave.,	

1 5 268067

0405

MEDICAL CERTIFICATION

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL RECORDS
CERTIFICATE OF DEATH

FILE NO.

1

DATE OF DEATH

1911

TIME OF DEATH

11:00 AM

PLACE OF DEATH

HOME

CAUSE OF DEATH

HEART DISEASE

AGE

65

SEX

MALE

RACE

WHITE

EDUCATION

HIGH SCHOOL

OCCUPATION

LABORER

RELIGION

CATHOLIC

DATE OF BIRTH

1846

PLACE OF BIRTH

NEW YORK

DATE OF MARRIAGE

1870

PLACE OF MARRIAGE

NEW YORK

DATE OF INTERMENT

1911

PLACE OF INTERMENT

CATHOLIC CHURCH

DATE OF BURIAL

1911

PLACE OF BURIAL

CATHOLIC CHURCH

DATE OF CREMATION

1911

PLACE OF CREMATION

CATHOLIC CHURCH

DATE OF EXHUMATION

1911

PLACE OF EXHUMATION

CATHOLIC CHURCH

DATE OF REINTERMENT

1911

PLACE OF REINTERMENT

CATHOLIC CHURCH

DATE OF RECREMATION

1911

PLACE OF RECREMATION

CATHOLIC CHURCH

DATE OF REEXHUMATION

1911

PLACE OF REEXHUMATION

CATHOLIC CHURCH

DATE OF REINTERMENT

1911

PLACE OF REINTERMENT

CATHOLIC CHURCH

CERTIFICATE CORRECTED 9-16-52

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52 8410

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) <u>Llewelyn Roberts</u>		2. DATE OF DEATH <u>Sep. 11, 1952</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>Qs 6</u>		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <u>Md.</u> B. COUNTY <u>Harford</u>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <u>JOHNS HOPKINS HOSPITAL</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Cardiff</u>	
D. STREET ADDRESS (If rural, give location) <u>6200</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>Mar. 20, 1909</u>	
9. AGE (In years last birthday) <u>43</u>		10. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
11. BIRTHPLACE (State or foreign country) <u>U.S.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13. FATHER'S NAME <u>David D. Roberts</u>		14. MOTHER'S MAIDEN NAME <u>Mary E. Thomas</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>219-07-0334</u>	
17. INFORMANT <u>JOHNS HOPKINS HOSPITAL</u>		ADDRESS <u>JOHNS HOPKINS HOSPITAL</u>	

18. <u>600.0</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Cerebral thrombosis, suspected</u> DUE TO (A) <u>Chronic pyelonephritis</u> (B) <u>Chronic Osteomyelitis</u> (C) <u>Chronic Osteomyelitis</u>	INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs</u> <u>Many years</u> <u>35 yrs</u>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>9/10</u> , 19 <u>52</u> to <u>9/11</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>9/11</u> , 19 <u>52</u> and that death occurred at <u>6:25 A.M.</u> , from the causes and on the date stated above.					
23A. SIGNATURE <u>George A. Edwards, M.D.</u>		23B. ADDRESS <u>JOHNS HOPKINS HOSPITAL</u>		23C. DATE SIGNED <u>9-11-52</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>9-15-52</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Beltsville, Md.</u>	
24D. LOCATION (City, town, or county) (State) <u>Beltsville, Md.</u>		25. FUNERAL DIRECTOR <u>John J. Garbin</u>		ADDRESS <u>Beltsville, Md.</u>	

VS 150

MEDICAL CERTIFICATION

Correct age in reporting

SEP 11 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

John J. Garbin

Released to hospital

There is in Document File 52-8410 an autopsy report
which Dr. Silverman, Director, Bureau of Tuberculosis
reviewed and in her opinion chronic pyelonephritis
probably was underlying with chronic osteomyelitis
regarded as in Part II.

10/2/52 ES

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 8411
Registered No.

1. NAME OF DECEASED (Type or Print) William Harper			2. DATE OF DEATH Sept.-11-1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 340 West Preston Street			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore 13 Months			D. STREET ADDRESS (If rural, give location) 340 West Preston Street		
5. SEX Male	6. COLOR OR RACE Col.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Mar. 5, 1876	9. AGE (in years last birthday) 76	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10B. KIND OF BUSINESS OR INDUSTRY In General	11. BIRTHPLACE (State or foreign country) Shelby N.C.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Paul Harper			14. MOTHER'S MAIDEN NAME Unknown		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Venna Harper 340 W. Preston St		

18. 177x I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		CAUSE OF DEATH (A) Anemia DUE TO (B) Carcinoma of prostate DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH 4.5 days Unknown
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from July 25 , 19 52 , to Sept 11 , 19 52 that I last saw the deceased alive on Sept 10 , 19 52 , and that death occurred at 2 a. m. , from the causes and on the date stated above.					
23A. SIGNATURE A. Garland Russell Jr.		23B. ADDRESS 1038 Edmondson		23C. DATE SIGNED 9-11-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 9/14/1952		24C. NAME OF CEMETERY OR CREMATORY Shelby Cemetary	
				24D. LOCATION (City, town, or county) (State) Shelby N.C.	

DATE RECEIVED BY LOCAL REGISTRAR SEP 12 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		FUNERAL DIRECTOR ADDRESS Thay Wilson 1000 Beauty ave	
--	--	---	--	--	--

2253
8412

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 8412

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

George F Hawkins

2. DATE
OF
DEATH

Sep. 12, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Hotel 6

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived if institution: residence before admission)
A. STATE

Ga.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Huntington

D. STREET ADDRESS (If rural, give location)

Rt 1

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

May 13, 1885

9. AGE (in years last birthday)

67

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Salesman

10B. KIND OF BUSINESS OR INDUSTRY

Merchandise

11. BIRTHPLACE (State or foreign country)

Pennsylvania

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John Hawkins

14. MOTHER'S MAIDEN NAME

Mira Bowser

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

no

16. SOCIAL SECURITY NO.

068-07-8982

17. INFORMANT ADDRESS

JOHNS HOPKINS HOSPITAL

18. *Apr. 1 and 260x*
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

CEREBRAL EMBOLISM

INTERVAL BETWEEN ONSET AND DEATH

5 DAYS

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(A)

DUE TO

(B)

DUE TO

(C)

CARDIO-VASCULAR DISEASE, ARTERIO-SCLEROTIC

9 MONTHS

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

DIABETES MELLITUS

19 YRS

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from *Aug. 27, 1952* to *Sept. 12, 1952*, that I last saw the deceased alive on *Sept. 12, 1952*, and that death occurred at *12:25 p.m.*, from the causes and on the date stated above.

23A. SIGNATURE

William M. J. ...

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED
Sept. 12, 1952

24A. FINAL CREMATION REMOVAL (Specify)

Removal

24B. DATE

9/12/52

24C. NAME OF CEMETERY OR CREMATORY

J. O. O. F.

24D. LOCATION (City, town, or county) (State)

Huntington Pa.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington William M. J.

25. FUNERAL DIRECTOR

Wm. Cook Inc. 1217 St. Paul St.

ADDRESS

VS 150

1959260008400

MEDICAL CERTIFICATION

5-818

STATE OF NEW YORK
DEPARTMENT OF HEALTH
OFFICE OF VITAL RECORDS
CITY OF NEW YORK

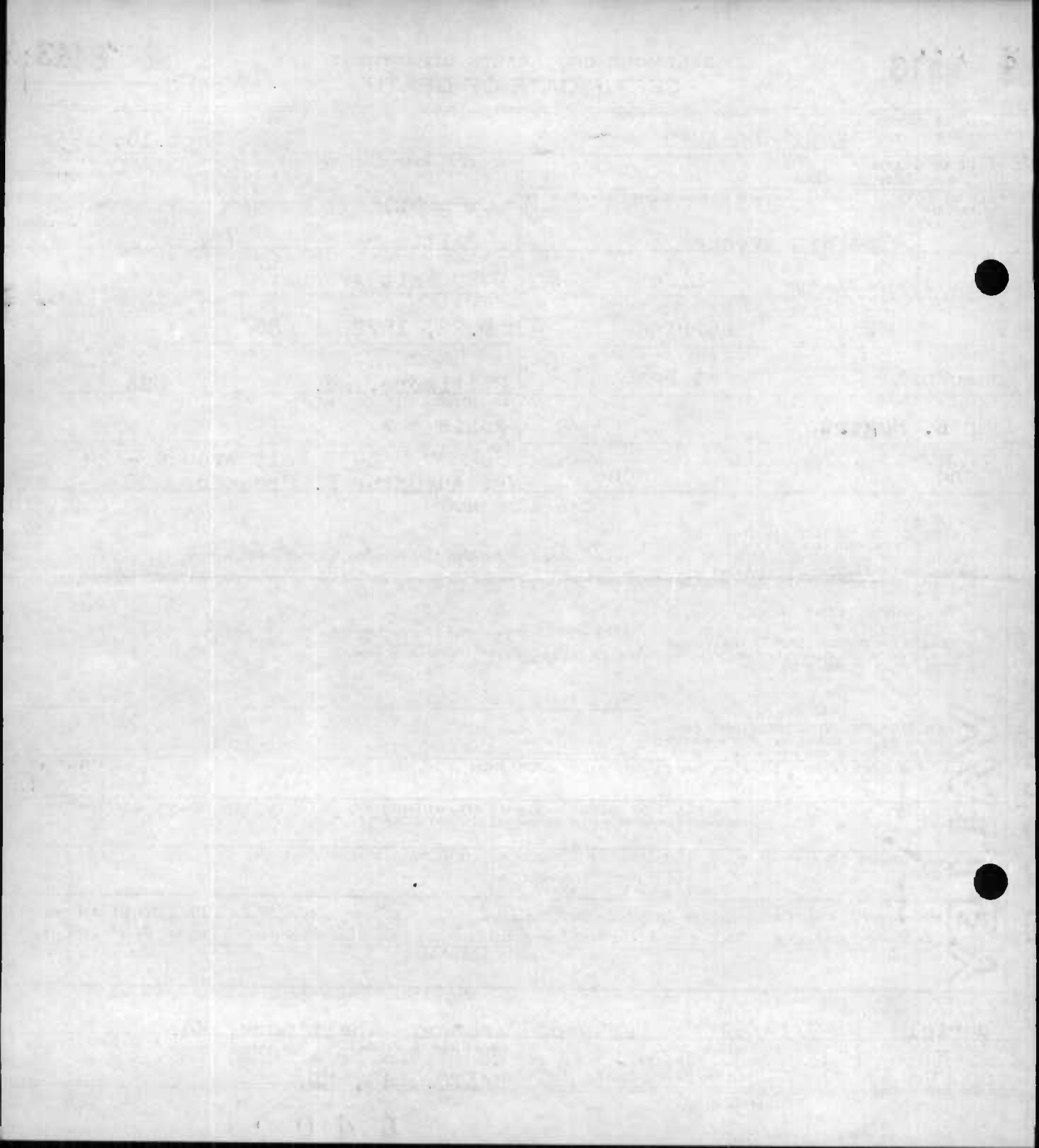
5-818
1942

NAME		DATE OF BIRTH		PLACE OF BIRTH		MARRIAGE		DEATH	
JAMES J. HENRY		JAN 15 1900		NEW YORK		MAY 15 1935		JUN 15 1942	
MOTHER		DATE OF BIRTH		PLACE OF BIRTH		MARRIAGE		DEATH	
JANE J. HENRY		JAN 15 1900		NEW YORK		MAY 15 1935		JUN 15 1942	
FATHER		DATE OF BIRTH		PLACE OF BIRTH		MARRIAGE		DEATH	
JOHN J. HENRY		JAN 15 1900		NEW YORK		MAY 15 1935		JUN 15 1942	
MOTHER		DATE OF BIRTH		PLACE OF BIRTH		MARRIAGE		DEATH	
JANE J. HENRY		JAN 15 1900		NEW YORK		MAY 15 1935		JUN 15 1942	
FATHER		DATE OF BIRTH		PLACE OF BIRTH		MARRIAGE		DEATH	
JOHN J. HENRY		JAN 15 1900		NEW YORK		MAY 15 1935		JUN 15 1942	

656
52 8413BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 8413

BIRTH NO.		1. NAME OF DECEASED (Type or Print) EMMA CREAMER		2. DATE OF DEATH Sept. 10, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Maryland B. COUNTY 1-03			
B. FULL NAME OF (If not in hospital or institution, give street address or location) 2430 Fait Avenue		C. CITY OR TOWN (If outside corporate limits, give RURAL and give township) Baltimore			
C. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 2430 Fait Avenue			
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Mar. 22, 1872	9. AGE (In years last birthday) 80	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10B. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (State or foreign country) Baltimore, Md.	
13. FATHER'S NAME John E. Hagert		12. CITIZEN OF WHAT COUNTRY? USA			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT 2430 Fait Avenue ADDRESS 24 Mr. Augustus F. Creamer	
18. 447X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) (A) Chronic cardiovascular disease DUE TO (B) Generalized arteriosclerosis DUE TO arterial hypertension (C)		CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH 1 yr.			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from May , 1952, to Sept 10 , 1952, that I last saw the deceased alive on Sept 9 , 1952, and that death occurred at 5:24 a. m., from the causes and on the date stated above.					
23A. SIGNATURE		M. D.		23B. ADDRESS	
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 9/12/52		24C. NAME OF CEMETERY OR CREMATORY Parkwood Cemetery	
DATE RECEIVED BY LOCAL REGISTRAR SEP 12 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR HENRY SANDER & SONS, INC. BALTO., 13, MD.	
VS 150				ADDRESS Seay J Sander.	



455
52 8414BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 8414

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MELVIN SHULMAN

2. DATE
OF
DEATH

SEPT. 11-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland 5713 RUBIN AVE

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

BALTO.

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

BALTO.

27-19

C. Length of stay in Baltimore Yrs.
Mos.
Days

Life

D. STREET ADDRESS (If rural, give location)

5713 Rubin Ave.

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday) If Under 1 Year Months Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

CAUSE OF DEATH

Hodgkins Disease

INTERVAL BETWEEN ONSET AND DEATH

1 yr.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1957 to Sept 11, 1958, that I last saw the deceased alive on Sept 11, 1958 and that death occurred at 4:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 12 1952

Huntington Williams, M.D. Jack Lewis Inc 2100 Canton Rd

Gross

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 8415**

632
52 8415
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Hyman Louis Kurtzweil		2. DATE OF DEATH 11 Sept 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Union Memorial Hospital		C. CITY OR TOWN (If outside corporate limits, write R.R. and give township) Baltimore 15 15-10	
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 4046 W. Cold Spring Lane	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 8 March 1908
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pharmacist		10B. KIND OF BUSINESS OR INDUSTRY Pharmacy	9. AGE (In years last birthday) 44
11. BIRTHPLACE (State or foreign country) Baltimore Md.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Harry Kurtzweil		14. MOTHER'S MAIDEN NAME Elizabeth Weinstein	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) yes		16. SOCIAL SECURITY NO.	
17. INFORMANT Lylvia Kurtzweil - Same		ADDRESS ✓	

18. 416x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Rheumatic Heart Disease		INTERVAL BETWEEN ONSET AND DEATH 3 m.
DUE TO (A) Rheumatic Heart Disease		
DUE TO (B) (C) (D) (E) (F) (G) (H) (I) (J) (K) (L) (M) (N) (O) (P) (Q) (R) (S) (T) (U) (V) (W) (X) (Y) (Z)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **9-8-52**, 19__, to **9-11-52**, 19__, that I last saw the deceased alive on **9-11-52**, 19__, and that death occurred at **6:15 a.m.**, from the causes and on the date stated above.

23A. SIGNATURE B.P. Bailey M.D.	23B. ADDRESS Union Memorial	23C. DATE SIGNED 9-11-52
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24A. BURIAL, CREMATION, REMOVAL (Specify) burial	24B. DATE 9-12-52	24C. NAME OF CEMETERY OR CREMATORY Mt Carmel	24D. LOCATION (City, town, or county) (State) Balto Md
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DATE RECEIVED BY LOCAL REGISTRAR SEP 12 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Jack Lewis	ADDRESS 2100 Eutaw Pl
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073618 4 1

MEDICAL CERTIFICATION

118

RECEIVED BY THE DIRECTOR

425
52 8416
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 8416

1. NAME OF DECEASED (Type or Print) <i>Mr. Philip Glikman</i>		2. DATE OF DEATH <i>9-11-52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md</i> B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>Levendale</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 27-17</i>	
6. Length of stay in Baltimore <i>50</i> Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>Levendale</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>78</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>City Employee</i>	
11. BIRTH PLACE (State or foreign country) <i>Russia</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>Not known</i>		14. MOTHER'S MAIDEN NAME <i>Not known</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Samuel Fine</i>		ADDRESS <i>2707 Talbot Rd</i>	

18. <i>331X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(A) <i>Cerebral hemorrhage</i>		DUE TO		<i>5 days</i>	
(B) <i>Cerebral arteriosclerosis</i>		DUE TO		<i>years</i>	
(C) <i>General Arteriosclerosis</i>		DUE TO		<i>years</i>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION <i>9-12-52</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>1-11-1951</i> , to <i>9-11-1952</i> that I last saw the deceased alive on <i>9-11-1952</i> , and that death occurred at <i>7:15 a.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Jerome J. Blumberg</i>		23B. ADDRESS <i>Levendale Home</i>		23C. DATE SIGNED <i>9-11-52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>9-12-52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Rosedale</i>	
24D. LOCATION (City, town, or county) <i>Balto</i>		24E. STATE <i>Md</i>		25. FUNERAL DIRECTOR <i>Jack Lewis Inc</i>	
24F. ADDRESS <i>2100 Canton Rd</i>		24G. REGISTRAR'S SIGNATURE <i>Huntington Williams</i>			

SEP 12 1952
VS 150
8416

W. S. M. 1894
J. W. M. 1894
K. M. C. 1894
S. M. C. 1894
M. T. M. 1894

455
52 8417BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 8417

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ESTHER SHILLMAN

2. DATE
OF
DEATH

Sept. 11, 1952

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence

A. STATE

B. COUNTY

before admission)

b. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

3805 Sequoia Ave Baltimore

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

3805 Sequoia Ave

c. Length of stay in Baltimore

47

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10b. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 4221 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) ARTERIOSCLEROTIC
DUE TO Cardio-Vascular Disease

1 Month

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21a. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21b. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21e. INJURY OCCURRED

21f. HOW DID INJURY OCCUR?

m. WHILE AT NOT WHILE
WORK ☐ AT WORK ☐22. I hereby certify that I attended the deceased from 8/14, 1952 to 9/11, 1952 that I last saw the
deceased alive on 9/11, 19 52 and that death occurred at 30. m., from the causes and on the date stated above.

23a. SIGNATURE

23b. ADDRESS

23c. DATE SIGNED

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

19520208413

Amunelfarb
1801 Bestard P.L.

155
2 8418

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 8418

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mr. Halbert Hoffman

2. DATE
OF
DEATH

9-10-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

St. Agnes Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore 5200

D. STREET ADDRESS (If rural, give location)

6817 Washington Blvd.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

9-10-1872

9. AGE (In years
last birthday)

72

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Lunch Room operator

10B. KIND OF BUSINESS OR
INDUSTRY

Retired Business

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U. S. A

13. FATHER'S NAME

George W

14. MOTHER'S MAIDEN NAME

Barbara Koline

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

None

17. INFORMANT

Mr. George Koline

ADDRESS

6817 Washington Blvd.

18. 422.1 and 002 X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Coronary, Cardiac Failure

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Arterioscl. Cardio Vasc. Disease

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Prob. Pulm. Tuberculosis

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., In or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from 8-17, 1952, to 9-10, 1952, that I last saw the
deceased alive on 9-10, 1952, and that death occurred at 9:30 P. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 12 1952

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

8110 52

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

74

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 8419**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) FERDINAND MEYERS (MYERS)		2. DATE OF DEATH September 11, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Morgue		C. CITY OR TOWN (If outside corporate limits, write "RURAL" and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 5704 Roland Avenue		E. LENGTH OF STAY IN BALTIMORE Yrs. _____ Mos. _____ Days _____	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 4, 1908
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Gardner (Caretaker)		10B. KIND OF BUSINESS OR INDUSTRY Besch's Bros.	
13. FATHER'S NAME Phillip A. Myers		14. MOTHER'S MAIDEN NAME Emma Otto	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. Unknown	
17. INFORMANT Ethel Myers		ADDRESS Balto., Md.	

18. E971.6 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Acute arsenic poisoning		INTERVAL BETWEEN ONSET AND DEATH
(A) DUE TO		
ANTECEDENT CAUSES		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
(B) DUE TO		
(C) DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Home		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 5704 Roland Avenue	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY Sept. 11, 1952		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Ingestion of arsenic	
22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input checked="" type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <i>William Williams</i>		23B. CHIEF MEDICAL EXAMINER..... M.D. ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....		23C. DATE SIGNED Sept. 11, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 9/13/52		24C. NAME OF CEMETERY OR CREMATORY Glen Haven	
24D. LOCATION (City, town, or county) (State) Glen Burnie, Md.		24E. NAME OF CEMETERY OR CREMATORY Glen Burnie, Md.		24F. LOCATION (City, town, or county) (State) Glen Burnie, Md.	
24G. DATE RECEIVED BY LOCAL REGISTRAR SEP 12 1952		24H. REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		24I. FUNERAL DIRECTOR <i>T. J. Singletary</i>	
24J. ADDRESS Glen Burnie, Md.					

0000 8

THE UNITED STATES OF AMERICA
DEPARTMENT OF THE ARMY
OFFICE OF THE CHIEF OF STAFF

100-100000

100-100000

100-100000



416
52 8420BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 8420

1. NAME OF DECEASED (Type or Print) <i>Carol B. Calvert</i>		2. DATE OF DEATH <i>9/9/52</i>	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Md.</i> b. COUNTY	
b. FULL NAME OF HOSPITAL OR INSTITUTION <i>1435 Mt. Royal Ave.</i>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto.</i>	
d. STREET ADDRESS (If rural, give location) <i>1435 Mt. Royal Ave.</i>			
5. SEX <i>Female</i>		6. COLOR OR RACE <i>White</i>	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>		8. DATE OF BIRTH <i>7/27/1886</i>	
9. AGE (In years last birthday) <i>66</i>		10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>at home</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Self</i>	
11. BIRTHPLACE (State or foreign country) <i>Chicago Ill.</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>Louis Sprielman</i>		14. MOTHER'S MAIDEN NAME <i>Etta Schoepfel</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Elsa Flowers</i>		ADDRESS <i>1435 Mt Royal Ave</i>	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Coronary artery disease (Occlusion)</i>		INTERVAL BETWEEN ONSET AND DEATH <i>9 months</i>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Arterio-sclerosis</i>			
II OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONOITION CAUSING IT.			
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>June</i> , 1951, to <i>9 Sept</i> , 1952, that I last saw the deceased alive on <i>9 Sept</i> , 1952, and that death occurred at <i>10 P</i> m., from the causes and on the date stated above.			
23A. SIGNATURE <i>Charles K. Reis</i>		23B. ADDRESS <i>6701 York Rd Balto Md</i>	
23C. DATE SIGNED <i>11 Sept 52</i>			
24A. BURIAL, CREMA- TION, REMOVAL (Specify)		24B. DATE <i>9/12/52</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Green Mount</i>		24D. LOCATION (City, town, or county) (State) <i>Balto. Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>SEP 12 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	
25. FUNERAL DIRECTOR <i>Wm. Cook Inc.</i>		ADDRESS <i>1217 St. Paul St.</i>	

1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 2679, 2680, 26



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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 8421**

2 8421

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Janet Henshaw Kitchen		2. DATE OF DEATH Sept 10, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE Union Memorial Hosp		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 301 Birkwood Place	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Aug 18, 1882
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10B. KIND OF BUSINESS OR INDUSTRY None	9. AGE (In years last birthday) 70
11. BIRTHPLACE (State or foreign country) West Virginia		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME William H. Henshaw		14. MOTHER'S MAIDEN NAME Anne Silver	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		17. INFORMANT ADDRESS Anne Kitchen (daughter) same	
16. SOCIAL SECURITY NO.			

18. 150x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma of esophagus DUE TO arteriosclerosis, generalized	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ (C) _____	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION Sept 8, 1952	19B. MAJOR FINDINGS OF OPERATION Carcinoma of esophagus	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Sept 7**, 19**52**, to **Sept 10**, 19**52** that I last saw the deceased alive on **Sept 10**, 19**52** and that death occurred at **6 P.m.**, from the causes and on the date stated above.

23A. SIGNATURE **E. A. Mattern** M. D. **Union Mem. Hosp** 23B. ADDRESS **9/10/52** 23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify) Removal	24B. DATE 9/12/52	24C. NAME OF CEMETERY OR CREMATORY Rosedale	24D. LOCATION (City, town, or county) (State) Martinsburg W. Va
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DATE RECEIVED BY LOCAL REGISTRAR SEP 12 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR ADDRESS Wm Cook Inc. 1217 St. Paul St
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VS 150

19520008417

MEDICAL CERTIFICATION

1848

3d

1848

BALTIMORE CITY HEALTH DEPARTMENT

Registered No. 52 8422

52-20849 CERTIFICATE OF DEATH

BIRTH NO. 650

1. NAME OF DECEASED
(Type or Print)

BABY Boy Byron-William R. Jr.

2. DATE
OF
DEATH

9-10-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

SOUTH BALTIMORE GENERAL

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
A. STATE

MD

B. COUNTY

before admission)

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE

23-01

D. STREET ADDRESS (If rural, give location)

205 W. WEST ST

C. Length of stay in Baltimore

1

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

S

8. DATE OF BIRTH

9-8-52

9. AGE (In years
last birthday)

If Under

Year

Months

Days

If Under

24 Hours

Hours

Min.

2

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

MD

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

WILLIAM RUSSELL BYRON

14. MOTHER'S MAIDEN NAME

GRACE Etta MEYERS

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.17. INFORMANT
ADDRESS
William R. Byron - 205 W. West St

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) ERYTHROBLASTOSIS FETALIS

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., to or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 9-8, 1952, to 9-10, 1952, that I last saw the
deceased alive on 9-10, 1952, and that death occurred at 4:30 P.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

W. R. Byron

M. D.

South Balto Genl.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 12 1952

Hartington Williams, M.D.

John F. Gensel 5311 Edmondson Ave

SSM

52

26

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 8423**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) WARREN FAWLER		2. DATE OF DEATH September 9, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Johns Hopkins Hospital		C. CITY OR TOWN (If outside corporate limits, write full name of city, town, or village, and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 133 N. Chapel Street		5. AGE (In years last birthday) 57 If Under 1 Year: Months: Days: Hours: Min.	
6. SEX Male	7. COLOR OR RACE Colored	8. DATE OF BIRTH Sept. 15, 1894	9. AGE (In years last birthday) 57
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Skill Laborer	10B. KIND OF BUSINESS OR INDUSTRY Pacing House	11. BIRTHPLACE (State or foreign country) St Marys Co. Md.	
13. FATHER'S NAME Richard Fowler		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) Yes War # 1		16. SOCIAL SECURITY NO.	
17. INFORMANT Mary Fowler		ADDRESS 133 N. Chapel St	

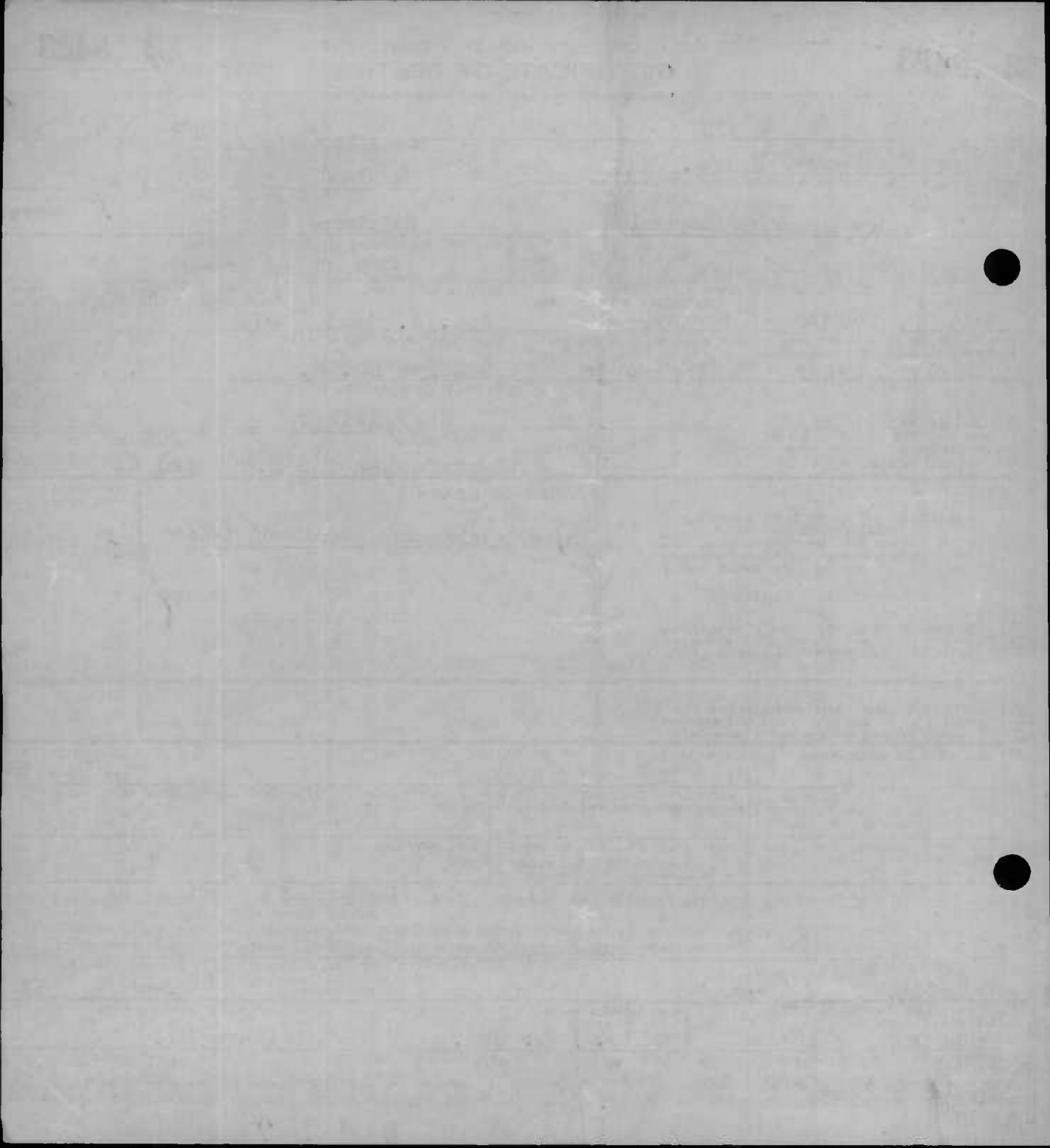
18. 443 X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hypertensive cardiovascular disease DUE TO (A)		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES (B)		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I certify that I took charge of the remains described above, held an **Inspection & Inquiry** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: **natural causes** ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>[Signature]</i>		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED Sept. 9, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 9/12/1952		24C. NAME OF CEMETERY OR CREMATORY Balto. Nat. Cem.	
24D. LOCATION (City, town, or county) Baltimore Md.		24E. FUNERAL DIRECTOR Eloy Wilson 1000 Bently			

DATE RECEIVED BY LOCAL REGISTRAR SEP 12 1952		REGISTRAR'S SIGNATURE <i>[Signature]</i>		25. ADDRESS 1000 Bently	
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363
52 8424

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 8424

1. NAME OF DECEASED (Type or Print) Catherine J. Batterden			2. DATE OF DEATH Sept. 10, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland 1121 Valley St			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
5. FULL NAME OF HOSPITAL OR INSTITUTION			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 10-01		
6. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 1121 Valley St		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 28, 1875	9. AGE (In years last birthday) 76	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10B. KIND OF BUSINESS OR INDUSTRY House Wife	11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Joseph R Thompson			14. MOTHER'S MAIDEN NAME Catherine Fitzpatrick		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Catherine Batterden 1121 Valley St		

18. 420.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH (A) Acute Coronary Infarction DUE TO (B) Coronary Sclerosis DUE TO (C) Ch Hypertension	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/7 1952 to 9/10 1952, that I last saw the deceased alive on 9/10 1952 and that death occurred at 9:10 m., from the causes and on the date stated above.

23A. SIGNATURE A.S. Hornstein	23B. ADDRESS M. D. 204 E. Biddle St	23C. DATE SIGNED 9/12/52
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Sept 13, 1952	24C. NAME OF CEMETERY OR CREMATORY Cathedral
24D. LOCATION (City, town, or county) Baltimore		24E. STATE

DATE RECEIVED BY LOCAL REGISTRAR SEP 12 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Rita Wiedefeld	ADDRESS 600 Biddle St
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1 9 5 2 0 3 0 8 4 2 0

MSR 50

TEMPERATURE AND HUMIDITY
HUMIDITY

50

DATE		TIME		TEMPERATURE		HUMIDITY		WIND		WEATHER		REMARKS	
1950	10/10	0800	0900	65	68	75	78	10	15	Cloudy	Light	Clear	Light
1950	10/11	0800	0900	65	68	75	78	10	15	Cloudy	Light	Clear	Light
1950	10/12	0800	0900	65	68	75	78	10	15	Cloudy	Light	Clear	Light
1950	10/13	0800	0900	65	68	75	78	10	15	Cloudy	Light	Clear	Light
1950	10/14	0800	0900	65	68	75	78	10	15	Cloudy	Light	Clear	Light
1950	10/15	0800	0900	65	68	75	78	10	15	Cloudy	Light	Clear	Light
1950	10/16	0800	0900	65	68	75	78	10	15	Cloudy	Light	Clear	Light
1950	10/17	0800	0900	65	68	75	78	10	15	Cloudy	Light	Clear	Light
1950	10/18	0800	0900	65	68	75	78	10	15	Cloudy	Light	Clear	Light
1950	10/19	0800	0900	65	68	75	78	10	15	Cloudy	Light	Clear	Light
1950	10/20	0800	0900	65	68	75	78	10	15	Cloudy	Light	Clear	Light
1950	10/21	0800	0900	65	68	75	78	10	15	Cloudy	Light	Clear	Light
1950	10/22	0800	0900	65	68	75	78	10	15	Cloudy	Light	Clear	Light
1950	10/23	0800	0900	65	68	75	78	10	15	Cloudy	Light	Clear	Light
1950	10/24	0800	0900	65	68	75	78	10	15	Cloudy	Light	Clear	Light
1950	10/25	0800	0900	65	68	75	78	10	15	Cloudy	Light	Clear	Light
1950	10/26	0800	0900	65	68	75	78	10	15	Cloudy	Light	Clear	Light
1950	10/27	0800	0900	65	68	75	78	10	15	Cloudy	Light	Clear	Light
1950	10/28	0800	0900	65	68	75	78	10	15	Cloudy	Light	Clear	Light
1950	10/29	0800	0900	65	68	75	78	10	15	Cloudy	Light	Clear	Light
1950	10/30	0800	0900	65	68	75	78	10	15	Cloudy	Light	Clear	Light
1950	10/31	0800	0900	65	68	75	78	10	15	Cloudy	Light	Clear	Light

250
52 8425

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 8425
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

McGAHAN, Virginia

2. DATE
OF
DEATH

9/11/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

3119 CEDARHURST AVE

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE

MARYLAND

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

3119 Cedarhurst Ave

C. CITY OR TOWN (If outside corporate limits, write full name of township)
BALTIMORE

D. STREET ADDRESS (If rural, give location)

3119 Cedarhurst Ave.

C. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

Sept. 2-1896

9. AGE (In years
last birthday)

56

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Cashier - Rome Theatre

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

BALTIMORE Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

HENRY DECKERT

14. MOTHER'S MAIDEN NAME

LAURA BENNETT

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

212-202874

17. INFORMANT

ADDRESS

MR. EDWARD MCGAHAN - SAME

18.

151X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

CA. STOMACH

1 MONTH

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

METASTASIS TO LIVER

1 MONTH

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐

NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 14, 1952, to Sept 11, 1952, that I last saw the deceased alive on 9/10, 1952, and that death occurred at 6:04 a. m., from the causes and on the date stated above.

23A. SIGNATURE

Walter E. Kaye, Jr.

23B. ADDRESS

4031 Harbor Rd

23C. DATE SIGNED

9/11/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

9-15-52

24C. NAME OF CEMETERY OR CREMATORY

BALTO NATIONAL

24D. LOCATION (City, town, or county)

BALTO

(State)

Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

5305 Harbor Rd

1944

5

RECEIVED
OFFICE OF THE
DIRECTOR OF THE
BUREAU OF THE
CENSUS

1944

NEW YORK



163
52 8426BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 8426

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARY LIBERTINI

2. DATE
OF DEATH Sept 10, 19523. PLACE OF DEATH:
A. Baltimore City, MarylandB. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

1539 Northgate Road

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
Baltimore township)D. STREET ADDRESS (If rural, give location)
1539 Northgate Road

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH

Oct. 12, 1892

9. AGE (In years
last birthday)

59

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)
at home10B. KIND OF BUSINESS OR
INDUSTRY11. BIRTHPLACE (State or foreign country)
Italy12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Joseph Libertini

14. MOTHER'S MAIDEN NAME

Delizia Restivo

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
Mr. Michael Libertini, 1539 Northgate

18. 197X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Myosarcoma with
DUE TO extension metastasis (mostly
intraabdominal)

2 years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

1950

19B. MAJOR FINDINGS OF OPERATION

Myosarcoma

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 11, 1952, to Sept. 10, 1952, that I last saw the
deceased alive on Sept. 9, 1952, and that death occurred at 3:00 a. m., from the causes and on the date stated above.

23A. SIGNATURE

Philbert Artigiani

M. D.

23B. ADDRESS

2942 E. Fayette St.

23C. DATE SIGNED

Sept. 11/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)
Burial

24B. DATE

9/13/52

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cem.

24D. LOCATION (City, town, or county) (State)

Baltimore, Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Leonard J. Ruck, 5305 Harford Road.

SEP 12 1952

VS 150

19520008422

MEDICAL CERTIFICATION

Dr. Artigliani
2305 Mayfield Ave.

6217 Harford Rd.
Dr. Alessi
2 8427BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 8427
Registered No.

1. NAME OF DECEASED (Type or Print) HANNAH F. PYLE			2. DATE OF DEATH SEPT 10, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION 3202 Gibbons Avenue			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 3202 Gibbons Avenue		
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Aug. 28, 1884	9. AGE (in years last birthday) 68	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Baltimore, Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Eugene Strohmeier			14. MOTHER'S MAIDEN NAME Rose ?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Mrs. Bertha Silversen, 3202 Gibbons		
1B. 442X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral hemorrhage DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Hypertensive arteriosclerotic cardiovascular disease DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH 8/16/52 ?		
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from August 16, 1952 , to Sept 10, 1952 , that I last saw the deceased alive on Sept 10, 1952 , and that death occurred at 10 A. m. , from the causes and on the date stated above.					
23A. SIGNATURE Alessi		23B. ADDRESS 6217 Harford Rd		23C. DATE SIGNED 9/11/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 9/12/52	24C. NAME OF CEMETERY OR CREMATORY Baltimore Cemetery	24D. LOCATION (City, town, or county) (State) Baltimore, Maryland	
DATE RECEIVED BY LOCAL REGISTRAR SEP 12 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS Leonard J. Ruck, 5305 Harford Road.	

<div style="display: flex; justify-content: space-between;"> 460 BALTIMORE CITY HEALTH DEPARTMENT 52 8428 </div> <div style="display: flex; justify-content: space-between;"> 2 8428 CERTIFICATE OF DEATH Registered No. </div>			
BIRTH NO. 52-20146		2. DATE OF DEATH Sept. 11, 1952	
1. NAME OF DECEASED (Type or Print) Ramona Marie Keller		7. DATE OF DEATH Sept. 11, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION MERCY HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 70-05	
D. STREET ADDRESS (If rural, give location) 2608 COK ST.		E. LENGTH OF STAY IN BALTIMORE 11 Yrs. Mos. Days	
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) S	8. DATE OF BIRTH Sept. 1, 1952
9. AGE (In years last birthday) 51		10. UNDER 1 YEAR Months: 11	10. UNDER 24 HOURS Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) BALTIMORE		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME CHARLES KELLER Sr.		14. MOTHER'S MAIDEN NAME EVELYN KINGLING	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT CHAS. V. Keller - Above		ADDRESS	
18. 771.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH	
ANTECEDENT CAUSES		INTERVAL BETWEEN ONSET AND DEATH 36 hrs.	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(A) Neurologic Disease (?)	
		(B) Septicemia 2° Cellulitis, Neck.	
		(C) Cardi- resp. failure.	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Sept. 10, 1952 to Sept 11, 1952, that I last saw the deceased alive on Sept. 11, 1952, and that death occurred at 2:30 p.m., from the causes and on the date stated above.			
23A. SIGNATURE Martin Truina - Certifier		23B. ADDRESS Mercy Hospital	
23C. DATE SIGNED 9-11-52			
24A. BURIAL, CREMATION, REMOVAL (Specify) Home		24B. DATE Sept 13, 52	
24C. NAME OF CEMETERY OR CREMATORY Holy Cross Cemetery		24D. LOCATION (City, town, or county) (State) Baltimore City Md	
DATE RECEIVED BY LOCAL REGISTRAR SEP 12 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
25. FUNERAL DIRECTOR		ADDRESS Remond & Zink Elm Borne Md	

1932

55

9

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 8429**

BIRTH NO. **400 8429**

1. NAME OF DECEASED (Type or Print) EUGENE HALL		2. DATE OF DEATH September 10, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Provident Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) 1047 W. Mount Street	
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH Nov. 10, 1894
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		9. AGE (In years last birthday) 57	
10B. KIND OF BUSINESS OR INDUSTRY Gen.		11. BIRTHPLACE (State or foreign country) Md.	
13. FATHER'S NAME William Hall		12. CITIZEN OF WHAT COUNTRY? USA	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. ?	
17. INFORMANT Mary E. Hall		ADDRESS 1047 N. Mount St.	

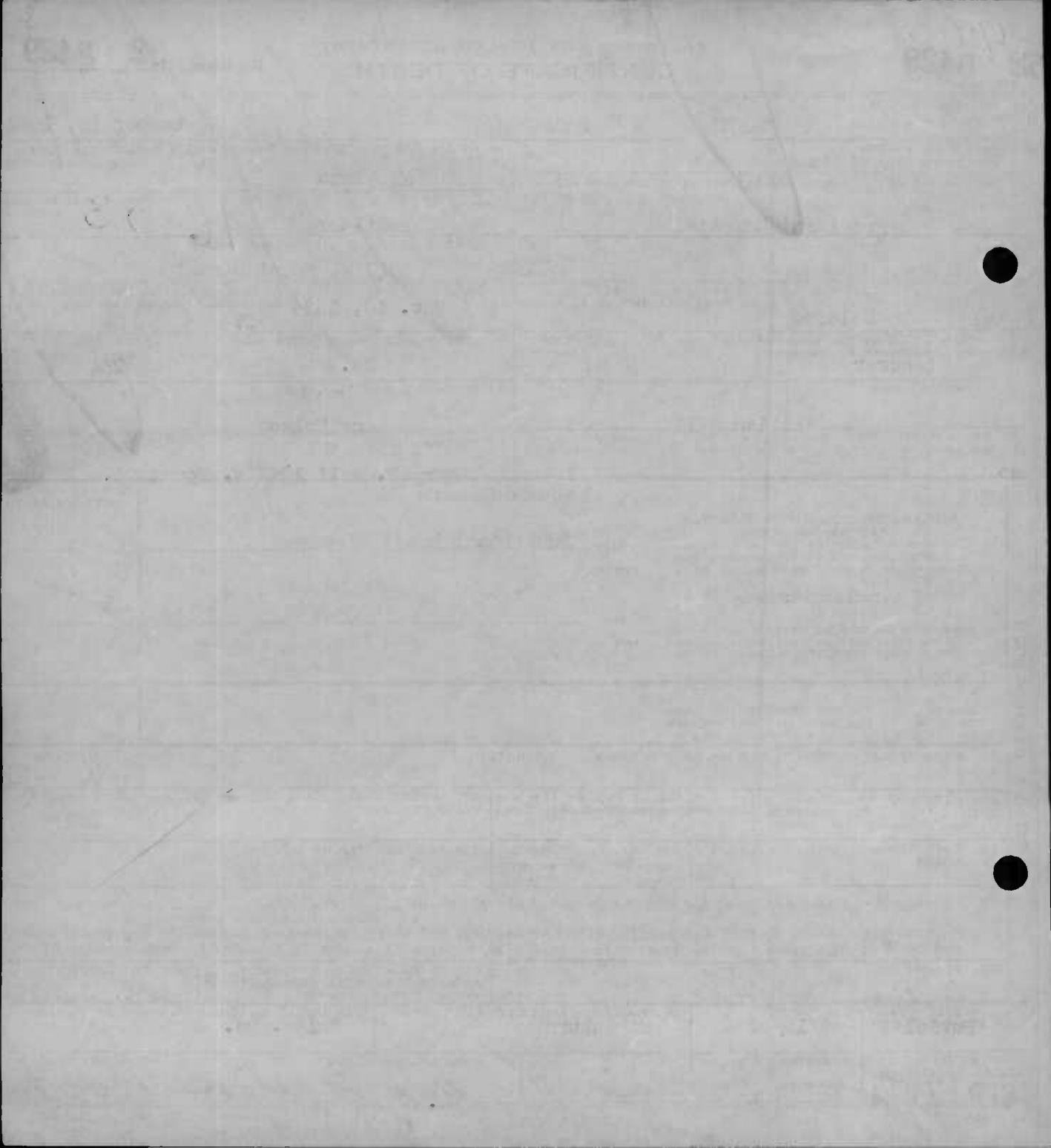
18. 439.2 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Functional heart disease DUE TO (A) _____ ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (B) _____ (C) _____ II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH. BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	INTERVAL BETWEEN ONSET AND DEATH
--	----------------------------------

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>William H. ...</i>	23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>	23C. DATE SIGNED Sept. 11, 1952
24A. BURIAL, CREMATION, REBURY (Specify) Burial	24B. DATE 9/15/52	24C. NAME OF CEMETERY OR CREMATORY Mt Auburn
24D. LOCATION (City, town, or county) Balto. Md.		(State)

DATE RECEIVED BY LOCAL REGISTRAR SEP 12 1952	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>Geo. B. Nelson</i>	ADDRESS 1303 7.
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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 8430
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) WILLIAM A. WEBB, Sr.		2. DATE OF DEATH Sept. 10, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md. B. COUNTY 15-10 C. CITY OR TOWN Baltimore D. STREET ADDRESS (If rural, give location) 3904 Belle Ave.	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 3904 Belle Ave.			
c. Length of stay in Baltimore Yrs. Mos. Days			
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Sept. 14, 1866
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Foreman		10B. KIND OF BUSINESS OR INDUSTRY Newspaper	9. AGE (In years last birthday) 85
13. FATHER'S NAME William A. Webb		11. BIRTHPLACE (State or foreign country) -	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		12. CITIZEN OF WHAT COUNTRY? -	
16. SOCIAL SECURITY NO. 218-07-9575		14. MOTHER'S MAIDEN NAME Mollie Anderson	
17. INFORMANT Rev. Wm. A. Webb, Jr., -1926 Bellevue Rd.		18. ADDRESS, Pa. Harrisburg, Pa.	

CAUSE OF DEATH

18. 42.4 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Stroke		INTERVAL BETWEEN ONSET AND DEATH	
(A) DUE TO			
(B) DUE TO			
(C) DUE TO			
ANTECEDENT CAUSES			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **Sept. 1952** to **Sept. 1952**, that I last saw the deceased alive on **Sept. 1952** and that death occurred at **4:10** m., from the causes and on the date stated above.

23A. SIGNATURE **W. A. Webb, Jr.** 23B. ADDRESS **3904 Bellevue Rd.** 23C. DATE SIGNED **Sept. 10, 1952**

24A. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24B. DATE **9/12/52** 24C. NAME OF CEMETERY OR CREMATORY **Druid Ridge Cem.** 24D. LOCATION (City, town, or county) (State) **Pikesville, Md.**

DATE RECEIVED BY LOCAL REGISTRAR **SEP 12 1952** REGISTRAR'S SIGNATURE **Huntington Williams, M.D.** 25. FUNERAL DIRECTOR **Wm. J. Vickner & Sons** ADDRESS **Baths, Md.**

0348

5

RECEIVED BY THE DIRECTOR

RECEIVED BY THE DIRECTOR

0348



343
2 8431

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 8431
Registered No.

1. NAME OF DECEASED (Type or Print) John Joseph Rutledge		2. DATE OF DEATH 9-11-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION Union Memorial Hosp		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 621 37 Johns Ad #10	
5. SEX MALE	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH MARCH 10 - 1870
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ph.D. - Mining Engr. Physicist		10B. KIND OF BUSINESS OR INDUSTRY Physicist	
11. BIRTHPLACE (State or foreign country) ALTON, Ill		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME WALTON G. RUTLEDGE		14. MOTHER'S MAIDEN NAME MARIA ENO	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) Unknown		16. SOCIAL SECURITY NO.	
17. INFORMANT Mrs. Alma R. Goldberg		ADDRESS -631 St Johns Rd	
18. 420.0 and 199.8 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Myocardial infarction. DUE TO (A) arteriosclerosis, generalized (B) metastatic carcinoma of st. lung, st. adrenal, and small bowel. DUE TO (C) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION 9-10-52		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 9-6-1952 to 9-11-1952 , that I last saw the deceased alive on 9-10-1952 , and that death occurred at 8:50 a.m., from the causes and on the date stated above.			
23A. SIGNATURE Robert L. Phillips		23B. ADDRESS Union Memorial Hosp	
23C. DATE SIGNED 9-11-52			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 9/15/52	
24C. NAME OF CEMETERY OR CREMATORY St. Mary's Semapher, Balt, Md.		24D. LOCATION (City, town, or county) (State) Balt, Md.	
DATE RECEIVED BY LOCAL REGISTRAR SEP 12 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
FUNERAL DIRECTOR Dr. J. J. Jackson & Sons		ADDRESS Balt, Md.	

MEDICAL CERTIFICATION

1952000842
Balt, Md.

1822 50 12/3

Thickens

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 8432
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

BERTHA M. HAM

2. DATE
OF
DEATH

Sept. 10, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR **140 N. Hilton St.**
INSTITUTION

Yrs.
Mos.
Days

C. Length of stay in Baltimore

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
widowed

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **Md.**
B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)
140 N. Hilton St.

8. DATE OF BIRTH

June 29, 1879

9. AGE (In years last birthday)

73

If Under 1 Year Months: Days
If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Registered Nurse

10B. KIND OF BUSINESS OR INDUSTRY
Hosp.

11. BIRTHPLACE (State or foreign country)
?

12. CITIZEN OF WHAT COUNTRY?
?

13. FATHER'S NAME
John Thomas

14. MOTHER'S MAIDEN NAME
Lottie Cahill

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
no

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Mr. Charles Thomas - 140 N. Hilton St.

18. **332X I**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Cerebral Thrombosis
Cerebral Arteriosclerosis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO
(C)

Hypertension
arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH

1 yr.

1 yr.

?

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

nephrosclerosis

1 yr.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **June, 1950** to **Sept. 10, 1952**, that I last saw the deceased alive on **Sept. 10, 1952**, and that death occurred at **11 P. M.**, from the causes and on the date stated above.

23A. SIGNATURE

K. Kulcinski

M. D.

23B. ADDRESS

400 N. Hilton St.

23C. DATE SIGNED
9/12/52

24A. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24B. DATE

9/13/52

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR
SEP 12 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

24m. J. Lickner Sons

ADDRESS

Balto. 17, Md.

MEDICAL CERTIFICATION

5748

5

STANDARD METAL CO.

24

C



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 8433**

543
52 8433
BIRTH NO.

1. NAME OF DECEASED (Type or Print) William James Reynolds		2. DATE OF DEATH Sept 10, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Union Memorial Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 18 0th	
C. Length of stay in Baltimore life Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1025 Kevin Road	
5. SEX Male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec 7, 1914
10A. USUAL OCCUPATION (Give kind of work done, beginning and end of life, if retired) SPARK PLUG		10B. KIND OF BUSINESS OR INDUSTRY Glenn L. Martin Co.	9. AGE (In years last birthday) 38
13. FATHER'S NAME James Reynolds		11. BIRTHPLACE (State or foreign country) Maryland	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY? USA	
16. SOCIAL SECURITY NO. 212-07-0225		14. MOTHER'S MAIDEN NAME Mary Tarrant	
17. INFORMANT Thel Reynolds (wife)		ADDRESS same	

18. 193x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) gloria of brain stem & 4th vent.		INTERVAL BETWEEN ONSET AND DEATH
CAUSE OF DEATH (A) gloria of brain stem & 4th vent. DUE TO (B) bronchopneumonia DUE TO (C)		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		

19A. DATE OF OPERATION August 19, 1952		19B. MAJOR FINDINGS OF OPERATION gloria of brain stem & 4th ventricle		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **August 15, 1952**, to **Sept 10, 1952**, that I last saw the deceased alive on **Sept 10, 1952**, and that death occurred at **6:30 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE **E. A. D. Mattern** M. D. 23B. ADDRESS **Union Mem. Hosp** 23C. DATE SIGNED **9/10/52**

24A. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24B. DATE **Sept. 13, 1952** 24C. NAME OF CEMETERY OR CREMATORY **Woodlawn Cem.** 24D. LOCATION (City, town, or county) (State) **Woodlawn, Md.**

DATE RECEIVED BY LOCAL REGISTRAR **SEP 12 1952** REGISTRAR'S SIGNATURE **Huntington Williams** 25. FUNERAL DIRECTOR **Wm. J. Pickner & Sons** ADDRESS **Beth. 17, Md.**

MEDICAL CERTIFICATION

-2 1794

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 8434**

323
8434
BIRTH NO.

1. NAME OF DECEASED (Type or Print) MARION E. HODGDON		2. DATE OF DEATH SEPT 11, 1952	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MARYLAND b. COUNTY BALTIMORE	
b. FULL NAME OF HOSPITAL OR INSTITUTION MERCY HOSPITAL		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 27-38	
c. Length of stay in Baltimore 54 Yrs. Mos. Days		d. STREET ADDRESS (If rural, give location) 1126 E. BELVEDERE AVE.	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH July 28, 1894
		9. AGE (In years last birthday) 58	10. Under 1 Year Months: Days
		11. Under 24 Hours Hours: Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Office Supervisor		10b. KIND OF BUSINESS OR INDUSTRY BANKING - FEDERAL	
13. FATHER'S NAME MICHAEL HODGDON		11. BIRTHPLACE (State or foreign country) ILLINOIS	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, on or unknown) No		12. CITIZEN OF WHAT COUNTRY? USA	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME EMMA STIRLING	
17. INFORMANT HOSPITAL RECORDS		ADDRESS	

18. 421.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) AORTIC STENOSIS DUE TO WITH CONGESTIVE HEART FAILURE	INTERVAL BETWEEN ONSET AND DEATH YEARS 3 MOS
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19a. DATE OF OPERATION 9		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **SEPT 5, 1952** to **SEPT 11, 1952**, that I last saw the deceased alive on **SEPT 11, 1952** and that death occurred at **10:35A.**, from the causes and on the date stated above.

23a. SIGNATURE **Joseph J. Michels** M. D. 23b. ADDRESS **Mercy Hospital** 23c. DATE SIGNED **9-11-52**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **9/13/52** 24c. NAME OF CEMETERY OR CREMATORY **Loudon Park Cem.** 24d. LOCATION (City, town, or county) (State) **Balto., Md.**

DATE RECEIVED BY LOCAL REGISTRAR **SEP 12 1952** REGISTRAR'S SIGNATURE **Huntington Williams, M.D.** 25. FUNERAL DIRECTOR **Thos. J. Tiekner & Sons** ADDRESS

1 9 5 2 9 0 7 1 0 8 4 3 0 Balto 17, Md.

MEDICAL CERTIFICATION

MAXIM E. HOBSON

MARY AND

MARY HOBSON

1115 E. DELAWARE AVE

1904

Wm. H. HOBSON

10-A

Wm. H. HOBSON

EMMA STELLING

MICHAEL HOBSON

BRIDGE - BRIDGE

YEARS

ADOLPH STELLING

Wm. HOBSON

X

1-11-2

10

650
52 8435BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 8435

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HARRY BIRNIE

2. DATE
OF
DEATH

9/1/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

University Hospital

Yrs.
Mos.
Days

C. Length of stay in Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1413 Rosedale St.

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Dec. 9, 1879

9. AGE (In years
last birthday)

73

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Sheet Metal Worker

10B. KIND OF BUSINESS OR
INDUSTRYHops. & Kitchen
Equipment

11. BIRTHPLACE (State or foreign country)

England

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John Thomas Birnie

14. MOTHER'S MAIDEN NAME

Jane Humphries

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

none

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Harry Birnie - 1413 Rosedale St.

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Acute Myocardial Infarction

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/1/52, 19, to 9/1/52, 1952 that I last saw the
deceased alive on 9/1/52, and that death occurred at 12:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Charles B. Adams, M. D.

23B. ADDRESS

University Hosp.

23C. DATE SIGNED

9/1/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

9/15/52

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. J. Tichener & Sons

ADDRESS

VS 150

1 5 2509 3:58 4 3 1 Balto. 17, Md.

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 8436**

BIRTH NO. **52-14822**

1. NAME OF DECEASED (Type or Print) Lloyd R. Worsley		2. DATE OF DEATH 9-10-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY 16-03	
B. FULL NAME OF (If not in hospital or institution, give street address or location) 1321 Wash St.		C. CITY OR TOWN (If outside corporate limits, write full name and give township) Balto.	
D. STREET ADDRESS (If rural, give location) 1321 Wash St.			
5. SEX Male		6. COLOR OR RACE Col.	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH June 30, 1952	
9. AGE (In years, last birthday) 2		10. UNDER 1 Year Months: Days	
11. BIRTHPLACE (State or foreign country) Balto. Md.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME William Worsley		14. MOTHER'S MAIDEN NAME Christine Keene	
15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, no or unknown) No		16. SOCIAL SECURITY NO.	
17. INFORMANT Christine Worsley		ADDRESS 1321 Wash St.	

18. 774X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Acute Infantile Diarrhea		INTERVAL BETWEEN ONSET AND DEATH 2 days
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Overeating		2 mos
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 9-10-52		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **9-8**, 1952, to **9-10**, 1952, that I last saw the deceased alive on **9-10**, 1952, and that death occurred at **Pierson** m., from the causes and on the date stated above.

22A. SIGNATURE H. H. Blumlin		23B. ADDRESS 558 Mc Meekin St.		23C. DATE SIGNED 9/11/52
24A. BURLIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 9/12/52		24C. NAME OF CEMETERY OR CREMATORY St. Anthony's
24D. LOCATION (City, town, or county) Balto.		24E. STATE Md.		

DATE RECEIVED BY LOCAL REGISTRAR SEP 12 1952		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR H. H. Blumlin
				ADDRESS 1321 Wash St.

MEDICAL CERTIFICATION

3015 95

WALLEY COMPANY

3015

WALLEY

COMPANY

BOND

FOR

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 8437
Registered No.

BIRTH NO.

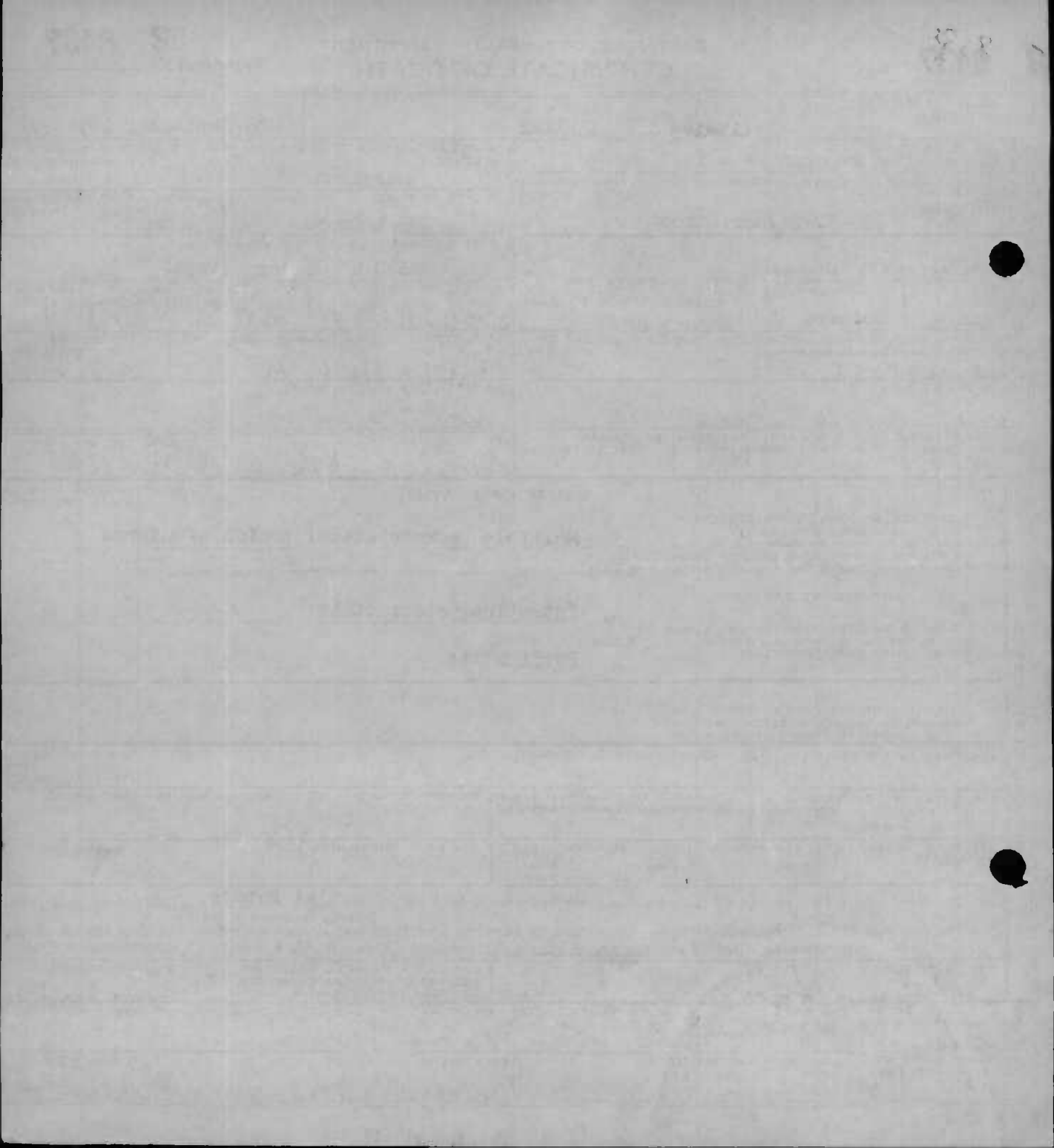
1. NAME OF DECEASED (Type or Print) ANNA WILLIAMS		2. DATE OF DEATH September 10, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 530 N. Gilmore Street		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 530 N. Gilmore Street		E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days	
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Dec. 9, 1899
9. AGE (In years last birthday) 52		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laundress	
11. BIRTHPLACE (State or foreign country) Yorktown Va.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME James Williams		14. MOTHER'S MAIDEN NAME Hester	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	
17. INFORMANT Phillip Jackson		ADDRESS 9. Sch. St.	

18. CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Multiple pedunculated fibroids of uterus		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) Intestinal obstruction		
(C) Peritonitis		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>William H. [Signature]</i>		23B. CHIEF MEDICAL EXAMINER..... <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR..... <input type="checkbox"/>		23C. DATE SIGNED Sept. 11, 1952
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 9/13/1952	24C. NAME OF CEMETERY OR CREMATORY Arbutus Memorial	24D. LOCATION (City, town, or county) Arbutus	(State) Fla.
DATE RECEIVED BY LOCAL REGISTRAR SEP 12 1952	REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	25. FUNERAL DIRECTOR <i>Mr. Kate R. Williams</i> ADDRESS Schroeder St.		



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **58-8438**

500
1258438

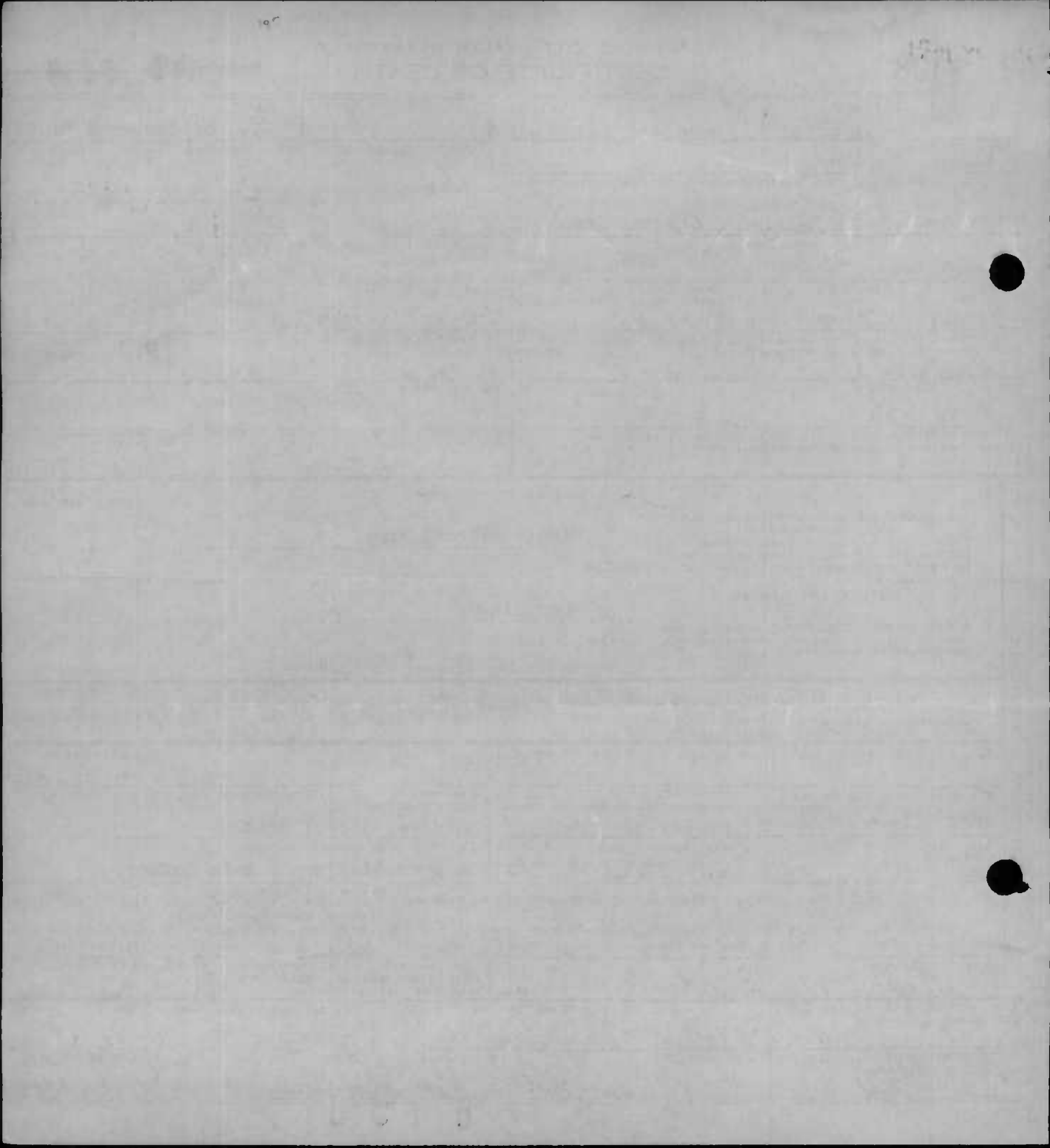
1. NAME OF DECEASED (Type or Print) Lillian Boone (Hammond)		2. DATE OF DEATH September 8, 1952	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY 1104	
b. FULL NAME OF HOSPITAL OR INSTITUTION South Baltimore General Hospital		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Ba/to.	
Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		d. STREET ADDRESS (If rural, give location) 928 Mason St.	
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDDED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 21, 1927
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waitress		10b. KIND OF BUSINESS OR INDUSTRY Tavern	9. AGE (In years last birthday) 25
13. FATHER'S NAME Preston Hammond		11. BIRTHPLACE (State or foreign country) Howard Co. Md.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Alice Griffin	
17. INFORMANT Alice Griffin		ADDRESS 928 Mason St	

18. E975X and 3rr.o DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Acute alcoholism XXXXXX		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Drowning		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Harbor	21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Hanover Street Bridge		
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY Month: 9/8/52 1:00 A.M.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Apparently jumped into harbor		

22. I certify that I took charge of the remains described above, held an **Partial Autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.

23a. SIGNATURE William J. Lovett		23b. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR.....		23c. DATE SIGNED Sept. 8, 1952
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9/13/1952	24c. NAME OF CEMETERY OR CREMATORY Bushy Park	24d. LOCATION (City, town, or county) (State) Howard Co. Md.	
DATE RECEIVED BY LOCAL REGISTRAR SEP 12 1952		25. FUNERAL DIRECTOR Huntington Williams, M.D. Mrs. Ketie R. Williams		
REGISTRAR'S SIGNATURE Huntington Williams		ADDRESS Schrock St		



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 8439
Registered No. _____

400
52 8439
BIRTH NO.

1. NAME OF DECEASED (Type or Print) MARY HALL			2. DATE OF DEATH 9-10-52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION Univ. Hosp.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Ba/to.		
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) 311 N. Schroeder St.		
5. SEX F	6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH JUN 8 1893		9. AGE (In years last birthday) 59
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10B. KIND OF BUSINESS OR INDUSTRY Domestic	11. BIRTHPLACE (State or foreign country) Balto. Md.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Henry Williams			14. MOTHER'S MAIDEN NAME Georgianna Hall		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Mamie Stewart 311 N. Schroeder St.		

18. **59x** CAUSE OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
UREMIA
(A) _____
DUE TO **Ch. glomerular Nephritis**
(B) _____
DUE TO _____
(C) _____
ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **9-2-52**, 19**52**, to **9-10-52**, 19**52**, that I last saw the deceased alive on **9-10-52**, 19**52**, and that death occurred at **3:25 P.m.**, from the causes and on the date stated above.

23A. SIGNATURE **Wm R. Greco** M. O. **Wm. Karp** 23C. DATE SIGNED **9-10-52**

24A. BURIAL, CREMATION, REMOVAL (Specify) Removal	24B. DATE 9/14/1952	24C. NAME OF CEMETERY OR CREMATORY Arboretum Mem.	24D. LOCATION (City, town, or county) (State) Ba/to. Md.
DATE RECEIVED BY LOCAL REGISTRAR SEP 12 1952		25. FUNERAL DIRECTOR Huntington Williams, M.D. Mrs. Kate R. Williams ADDRESS 332 N. Schroeder St.	

52 8439 135

STATE OF NEW YORK
CERTIFICATE OF DEATH

1900

MALE

U.S. Hosp

DEATH OF A WHITE

UNKNOWN

THE DEATH OF

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 8440

Registered No. _____

460
2 8440
BIRTH NO.

1. NAME OF DECEASED (Type or Print) MILDRED ALER		2. DATE OF DEATH 9/11/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland yes		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY _____	
5. FULL NAME OF HOSPITAL OR INSTITUTION UNION MEMORIAL HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write FULL name and give township) BALTIMORE 27-13	
6. Length of stay in Baltimore _____ Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 707 DEERDENE ROAD	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH DEC. 7 1892
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk		10B. KIND OF BUSINESS OR INDUSTRY Gas & Electric Co	9. AGE (in years last birthday) 59
11. BIRTHPLACE (State or foreign country) Martinsburg, W. Va.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME FRANK V. ALER		14. MOTHER'S MAIDEN NAME MILDRED THOMPSON	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) _____ (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. 212-05-2937	
17. INFORMANT MRS. Sally Clary		ADDRESS 4403 Anwick Rd.	

18. 443 X and 260X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH Cerebral Vascular Accident (A) Hypertensive Cardiovascular disease DUE TO (B) GENERALIZED ARTERIOSCLEROSIS DUE TO (C) _____		INTERVAL BETWEEN ONSET AND DEATH 4 days
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. DIABETES MELLITUS		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 8/24 , 19 52 , to 9/11 , 19 52 ; that I last saw the deceased alive on 9/11 , 19 52 , and that death occurred at 5:45 p.m., from the causes and on the date stated above.				
23A. SIGNATURE B.O.P. B. M.D.	M. D.	23B. ADDRESS Union Memorial	23C. DATE SIGNED 9-11-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Entombment	24B. DATE Sept. 13, 1952	24C. NAME OF CEMETERY OR CREMATORY Lorraine Park Mausoleum	24D. LOCATION (City, town, or county) Woodlawn, Md.	(State)
DATE RECEIVED BY LOCAL REGISTRAR SEP 12 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR W. J. L. L. L.	ADDRESS 4510 Liberty Heights Ave.	

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TRANSMISSIONS DIVISION
U.S. DEPARTMENT OF JUSTICE

0112 52

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RECEIVED

U.S. DEPARTMENT OF JUSTICE

U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

11

460
52 8441BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 8441
Registered No. 120914

1. NAME OF DECEASED (Type or Print) MILNER, Carroll Alexander		2. DATE OF DEATH 9/10/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution residence before admission) A. STATE MD B. COUNTY Anne Arundel	
B. FULL NAME OF HOSPITAL OR INSTITUTION U.S. P.H.S. Hosp.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-413	
C. Length of stay in Baltimore 4 Yrs. <input checked="" type="checkbox"/> Mos. <input type="checkbox"/> Days		D. STREET ADDRESS (If rural, give location) 5500 Midwood Ave	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 7-28-97
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Office Manager		10B. KIND OF BUSINESS OR INDUSTRY Slingshot Printing Co (M)	9. AGE (In years last birthday) 55
11. BIRTHPLACE (State or foreign country) Pennsylvania		12. CITIZEN OF WHAT COUNTRY? Yes	
13. FATHER'S NAME Milton Muller		14. MOTHER'S MAIDEN NAME (MASEMBRE) Anna V. Muller	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) Yes		16. SOCIAL SECURITY NO. 212-03-3444	
17. INFORMANT Hospital Record		ADDRESS	
18. 180X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Renal Carcinoma		INTERVAL BETWEEN ONSET AND DEATH Unknown	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (A) Due to (B) Due to (C) Due to			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Metastasis to Lung			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23A. SIGNATURE C. Hunter		23B. ADDRESS U.S. P.H.S. Hosp	
23C. DATE SIGNED 9/11/52			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Sept 13/52	
24C. NAME OF CEMETERY OR CREMATORY Methodist		24D. LOCATION (City, town, or county) (State) Brooklyn Balto Co Md	
DATE RECEIVED BY LOCAL REGISTRAR SEP 12 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
25. FUNERAL DIRECTOR W. H. Kinsor & Sons		ADDRESS 4905 York Rd	

290 4R 8 137

(2) K-611
52 8442

KARPOVITCH
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 8442
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Anthony W Karpovitch</i>		2. DATE OF DEATH <i>9/10/52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <i>Ind</i> B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>University Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 25-04</i>			
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <i>525 Baltic Ave.</i>			
5. SEX <i>M</i>	6. COLOR OR RACE <i>N</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widower</i>	8. DATE OF BIRTH <i>Jan. 14, 1883</i>	9. AGE (In years last birthday) <i>69</i>	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>laborer</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Fairfield SHIPYARD</i>		11. BIRTHPLACE (State or foreign country) <i>Lithuania</i>	
13. FATHER'S NAME <i>Unknown - Karpovitch</i>		14. MOTHER'S MAIDEN NAME <i>Unknown</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>Mrs. Marie West, 9 S. Bernice Ave.</i>	

MEDICAL CERTIFICATION

18. <i>523.1 I</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Pneumonia</i> DUE TO (A) <i>Pneumonia</i>	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) <i>Chronic emphysema</i> <i>Arteriosclerosis</i> DUE TO (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>9/9</i> 19 <i>52</i> to <i>9/10</i> 19 <i>52</i> that I last saw the deceased alive on <i>9/10</i> 19 <i>52</i> and that death occurred at <i>11:30</i> a.m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Charles B. Thomas Jr.</i>		23B. ADDRESS <i>University Shops</i>		23C. DATE SIGNED <i>9/11/52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		24B. DATE <i>Sep. 13/52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>H. Georges</i>	
24D. LOCATION (City, town, or county) <i>Shenandoah, Pa.</i>		24E. STATE <i>Pa.</i>		24F. ADDRESS <i>Shenandoah, Pa.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>SEP 12 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR <i>Harry H. Witte</i>	
VS 150		1952783008430		204	

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THE UNIVERSITY OF CHICAGO
LIBRARY

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 8443

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Anna T.A. Fowler

2. DATE
OF
DEATH

Sept. 11/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

3. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

613 S. Bentalou St.

4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)
A. STATE B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

613 S. Bentalou St.

5. SEX

Female

6. COLOR OR RACE

W.

7. SINGLE, MARRIED, WIDOWER, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Oct. 18, 1874

9. AGE (In years and birthday)

77

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

H.W.

10B. KIND OF BUSINESS OR INDUSTRY

OWN HOME

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

---Serbe

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Louis P.W. Fowler, 613 S. Bentalou St

18. **422.1**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A)

Cerebral Hemorrhage

3 days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Cardio-vascular disease

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **Aug 30**, 19**52** to **Sept 10**, 19**52** that I last saw the deceased alive on **Sept 11**, 19**52**, and that death occurred at **3 A.M.**, from the causes and on the date stated above.

23A. SIGNATURE

Harry Glassman

23B. ADDRESS

2697 Westview Ave

23C. DATE SIGNED

2/8/12-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Sept. 15/52

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge

24D. LOCATION (City, town, or county) (State)

Pikesville, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

Harry H. Hunte

ADDRESS

4101 Edmondson Ave.

MEDICAL CERTIFICATION

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 8444

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Joey Mendes</i>		2. DATE OF DEATH <i>September 11, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Ma.</i> B. COUNTY <i>V-19</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Savannah</i>	
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>301 E. 51st St.</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>11-10-91</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Museum Consultant of Chapman Co. School</i>		9. AGE (In years last birthday) <i>60</i>	
10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Georgia</i>	
13. FATHER'S NAME <i>Leaac Mendes</i>		12. CITIZEN OF WHAT COUNTRY?	
14. MOTHER'S MARDEN NAME <i>Grace De Castro</i>		17. INFORMANT ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	

18. <i>193X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Brain tumor</i> (A) DUE TO <i>(Glioblastoma)</i> (B) DUE TO (C)	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> ND <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *9-3*, 1952, to *9-11*, 1952, that I last saw the deceased alive on *9-11*, 1952, and that death occurred at *8:15 P.m.*, from the causes and on the date stated above.

23A. SIGNATURE *C. H. Kaplan* M. D. 23B. ADDRESS *JOHNS HOPKINS HOSPITAL* 23C. DATE SIGNED *9-12-52*

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>9-15-52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Reverend Grove Cem</i>	24D. LOCATION (City, town, or county) (State) <i>Savannah Georgia</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>SEP 13 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	25. FUNERAL DIRECTOR ADDRESS <i>John C. Miller Inc. - 2435 E. Olive St.</i>	

See Document File 52-8444 for Autopsy findings.

350
52 8445BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 8445
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Sister MARCIANA Stone</i>		2. DATE OF DEATH <i>Sept. 11 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore City</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>The Seton Institute</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 28-31</i>	
D. STREET ADDRESS (If rural, give location) <i>6420 Reisterstown Road</i>		E. LENGTH OF STAY IN BALTIMORE Yrs. <i>3</i> Mos. <i>7</i> Days <i>11</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>July 16 1871</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Catholic Sister</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Religious</i>	9. AGE (In years last birthday) <i>81</i>
11. BIRTHPLACE (State or foreign country) <i>Clayburg, New York</i>		12. CITIZEN OF WHAT COUNTRY? <i>U. S.</i>	
13. FATHER'S NAME <i>John B. Stone</i>		14. MOTHER'S MAIDEN NAME <i>Susan King</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>—</i>		16. SOCIAL SECURITY NO. <i>—</i>	
17. INFORMANT <i>The Seton Institute Records</i>		ADDRESS <i>Records</i>	
18. <i>4 yrs. 1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <i>Cardio-vascular Collapse</i> DUE TO <i>Arterio sclerosis</i> ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>?</i> OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH <i>2 days</i> <i>?</i>	
19A. DATE OF OPERATION <i>9/11/52</i>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>2/7</i> , 19 <i>49</i> , to <i>9/11</i> , 19 <i>52</i> that I last saw the deceased alive on <i>4/20</i> , 19 <i>52</i> and that death occurred at <i>1030 A.M.</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>Damian P. Maria</i>		23B. ADDRESS <i>3346 Frederick Ave</i>	
23C. DATE SIGNED <i>9/10/52</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Sept 13/52</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Seton Cemetery</i>		24D. LOCATION (City, town, or county) (State) <i>Seton Institute, Balto. Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>SEP 13 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D. Stewart & Mowen Co., 108 W. North St.</i>	
25. FUNERAL DIRECTOR		ADDRESS	

VS 150

1952020844 City #1.

MEDICAL CERTIFICATION

400
52 8446

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 8446

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		Louise Edna Dowell		Sept-11-1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
B. FULL NAME OF HOSPITAL OR INSTITUTION		A. STATE Maryland B. COUNTY Baltimore			
3 Goodale Place		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore City 12-02			
Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) Homewood Apts.			
Life					
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	10. Under 1 Year Months: Days
Female	White	Single	May-24-1890	62	11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?
None		None	Baltimore, Md.		U.S.A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
J. Edwin Dowell, Jr.			Annie Henkle		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS		
No		None	Mrs. Dorothy D. Cary (sister) Balto. Md.		
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
151X I		(A) Metastatic carcinoma of stomach.		18 mos.	
ANTECEDENT CAUSES		(B) DUE TO			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C) DUE TO			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?	
9 May 1952		Carcinoma of stomach.		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from April 1929, to 9/11, 1952, that I last saw the deceased alive on 9/6, 1952, and that death occurred at 9 p.m., from the causes and on the date stated above.					
23A. SIGNATURE		23B. ADDRESS		23C. DATE SIGNED	
George W. Huntington, M.D.		1114 St. Paul St.		9/12/52	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
Burial		Sept 13/52		David Ridge	
24D. LOCATION (City, town, or county)		24E. NAME OF CEMETERY OR CREMATORY		24F. LOCATION (City, town, or county)	
Pikesville, Maryland		Pikesville, Maryland		Pikesville, Maryland	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR ADDRESS	
SEP 13 1952		Huntington Williams, M.D.		Stewart & Mowen Co., 108 W. North Ave.	

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UNITED STATES OF AMERICA
DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

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Subject: [Illegible]

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252
52 8447NISEWONGER
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 8447
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Nisewonger, William C.

2. DATE
OF
DEATH

9-12-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or hospital or institution location)

Church Home & Hospital

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE Maryland

B. COUNTY Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

PINOAK RD

D. STREET ADDRESS (If rural, give location)

1712 Pin oak Road

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

June 6, 1874

9. AGE (In years last birthday)

78

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, or so if retired)

Retired

10B. KIND OF BUSINESS OR INDUSTRY

BIRTHPLACE (State or foreign country)

Pennsylvania

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

John Nisewonger

14. MOTHER'S MAIDEN NAME

Nancy Dulcin

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

None

17. INFORMANT

Patient

ADDRESS

18. 420.0 I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Arteriosclerotic hypertensive heart disease

years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

Polycystic Kidney
Infection of lungs

life

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK

NOT WHILE AT WORK

22. I hereby certify that I attended the deceased from 9-5, 1952 to 9-12, 1952 that I last saw the deceased alive on 9-12, 1952 and that death occurred at 2:45 a.m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

Church Home Hospital

23C. DATE SIGNED

9-12-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

9-16-52

24C. NAME OF CEMETERY OR CREMATORY

Thompson

24D. LOCATION (City, town, or county) (State)

Willsdale, Indiana Co. Pa.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Howard Strong 300 N. North Ave.

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1913

RECEIVED

Wm. L. ...

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 8448
Registered No.

230
8448
BIRTH NO. 111840

1. NAME OF DECEASED
(Type or Print)

Hugo Voigt

2. DATE OF DEATH
29th
Aug. 28, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
**Baltimore City Hospitals
4940 Eastern Avenue**

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE **Md.** B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)
B. C. H. 4940 Eastern Avenue-24

5. SEX **Male** 6. COLOR OR RACE **White** 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) **Married**

8. DATE OF BIRTH **Dec. 3, 1889** 9. AGE (in years last birthday) **62** If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of worklog life, even if retired) **Unknown** 10B. KIND OF BUSINESS OR INDUSTRY **Unknown**

11. BIRTHPLACE (State or foreign country) **Maryland** 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME **Unknown**

14. MOTHER'S MAIDEN NAME **Unknown**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) 16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Records: B. C. H. 4940 Eastern Avenue

18. **420.1**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)
Myocardial Infarction

(A) DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
Arteriosclerotic Cardio Vascular disease.

(B) DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **7-2** ^{**47**}, to **8-28**, ^{**52**}, that I last saw the deceased alive on **8-28**, 19 **52**, and that death occurred at **4:15A** m., from the causes and on the date stated above.

23A. SIGNATURE

[Signature] M. D.

23B. ADDRESS
4940 Eastern Avenue

23C. DATE SIGNED
9-7-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 13 1952

[Signature]

[Signature] **2700 E. [Address]**

MEDICAL CERTIFICATION

1000

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 8449**

200
52 8449
BIRTH NO.

1. NAME OF DECEASED (Type or Print) JOHN, W. WEISS			2. DATE OF DEATH SEPT. 12, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE MARYLAND B. COUNTY Balto		
B. FULL NAME OF HOSPITAL OR INSTITUTION MERCY HOSP.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) UPPERCO Rural		
C. Length of stay in Baltimore 4 Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 5200		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH July 24-1890	9. AGE (In years last birthday) 62	If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10B. KIND OF BUSINESS OR INDUSTRY owner	11. BIRTHPLACE (State or foreign country) MARYLAND		12. CITIZEN OF WHAT COUNTRY? USA.
13. FATHER'S NAME MICHAEL WEISS			14. MOTHER'S MAIDEN NAME MARIE SCHNEID		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. 2	17. INFORMANT ADDRESS Mrs John Weiss, upperco rd		

18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CERBO VASCULAR ACCIDENT	INTERVAL BETWEEN ONSET AND DEATH 4 days
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. HYPERTENSIVE CARDIO VAS. DRS.	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **SEPT 8, 1952** to **SEPT 12, 1952** that I last saw the deceased alive on **SEPT. 11, 1952**, and that death occurred at **6:00 A.m.**, from the causes and on the date stated above.

23A. SIGNATURE
Robert J. Lyden M. D.

23B. ADDRESS
MERCY HOSP.

23C. DATE SIGNED
SEPT. 12/1952

24A. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24B. DATE
9-14-52

24C. NAME OF CEMETERY OR CREMATORY
Grace

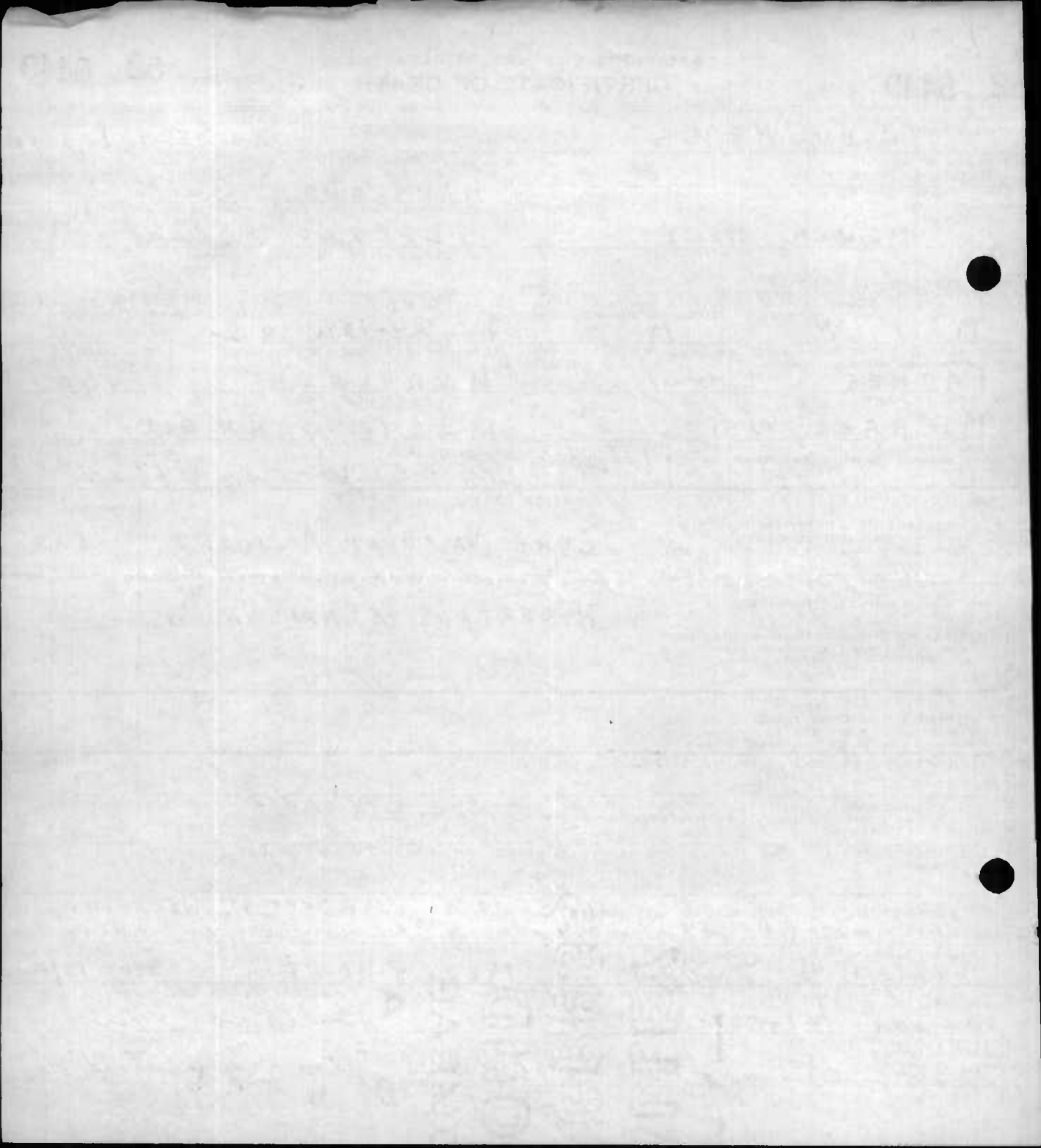
24D. LOCATION (City, town, or county) (State)
Balto co Md

DATE RECEIVED BY LOCAL REGISTRAR
SEP 13 1952

REGISTRAR'S SIGNATURE
Huntington Williams, M.D.

25. FUNERAL DIRECTOR ADDRESS
Edw Chpton, Newstead Md

1905/80008449



420
2 8450

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. ⁵² 8450

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John Edward Willis

2. DATE OF DEATH *Thurs. Sept. 14, 1952.*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION

118 E. Clement St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

24-03

D. STREET ADDRESS (If rural, give location)

118 E. Clement St.

C. Length of stay in Baltimore

26

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

March 22, 1885

9. AGE (In years last birthday)

67

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Milling Nail Machine Operator

10B. KIND OF BUSINESS OR INDUSTRY

Steel Mfg. (Beth. Steel Corp.)

11. BIRTHPLACE (State or foreign country)

Blounts Co., Va.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

James C. Willis

14. MOTHER'S MAIDEN NAME

Iola B. Dutton

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

217-01-2782

17. INFORMANT

Mrs. Ethel P. Willis (Wife)

ADDRESS

Same

CAUSE OF DEATH

18. *4201*

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Coronary occlusion*

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

immediate

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Hypertensive cardio vascular*

DUE TO

disease.

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

none

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *9/26/1945* to *9/11/1952*, that I last saw the deceased alive on *8/30/1952*, and that death occurred at *7:30 P.M.*, from the causes and on the date stated above.

23A. SIGNATURE

Oscar Weibel

23B. ADDRESS

1226 Hanover St.

23C. DATE SIGNED

9/12/52.

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

Sept. 15, 1952

Glen Haven Cemetery

Glen Burnie, G. G. Co., Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 13 1952

Huntington Williams, M.D. & P. Howard Evans

690 3A 4500 S. Chas. St. Balt. 30, Md.

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 8451**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Coster, William (William Coster)			2. DATE OF DEATH Sept 12, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived before admission) A. STATE Maryland B. COUNTY Baltimore		
5. FULL NAME OF HOSPITAL OR INSTITUTION Doctors Hospital, Balto, Md.			6. CITY OR TOWN Baltimore		
7. Length of stay in Baltimore life			8. STREET ADDRESS (If rural, give location) 4402 Ridge Rd. #6		
9. SEX Male	10. COLOR OR RACE White	11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	12. DATE OF BIRTH Nov. 14th. 1890		13. AGE (In years last birthday) 61
14. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bottle dept.			15. KIND OF BUSINESS OR INDUSTRY Brewery		
16. FATHER'S NAME James T. Coster			17. MOTHER'S MAIDEN NAME Eliza Jane Medley		
18. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No			19. SOCIAL SECURITY NO. 216-05-4114		
20. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) None			21. INFORMANT ADDRESS Mrs. Evelyn I. Coultard-4402 Ridge Rd. Balto. Co. Md.		

18. 420.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(A) DUE TO		Cerebral Embolism		12 hrs	
ANTECEDENT CAUSES		(B) DUE TO		Arteriosclerotic Heart Dis.	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C) DUE TO		2 1/2 yrs	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		Generalized Arteriosclerosis		10 yrs	

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **Sept 11, 1952** to **Sept 12, 1952** that I last saw the deceased alive on **Sept 12, 1952** and that death occurred at **11:25** m., from the causes and on the date stated above.

23A. SIGNATURE **W. J. Geller** M. D. 23B. ADDRESS **Rd. 1, Balto. Co. Md.** 23C. DATE SIGNED **Sept. 12, 1952**

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 9-16-1952	24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer Cemetery	24D. LOCATION (City, town, or county) (State) Belair Rd. Balto. Md.
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DATE RECEIVED BY LOCAL REGISTRAR SEP 13 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR George J. Ruth, Inc.	ADDRESS -1735 Harford Avenue
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1918

CERTIFICATE OF DEATH

(To be filled out by the physician)

NAME OF DECEASED

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

AGE

SEX

OCCUPATION

EDUCATION

RELIGION

DATE OF BIRTH

PLACE OF BIRTH

DATE OF MARRIAGE

PLACE OF MARRIAGE

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

AGE

SEX

OCCUPATION

EDUCATION

RELIGION

DATE OF BIRTH

PLACE OF BIRTH

-500
52 8452

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 8452

1. NAME OF DECEASED (Type or Print) ADELE THIENEMANN KANNE		2. DATE OF DEATH Sept. 12, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 2411 Linden Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore 13-01	
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 2411 Linden Ave.	
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	B. DATE OF BIRTH July 12, 1875
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10B. KIND OF BUSINESS OR INDUSTRY at home	9. AGE (In years last birthday) 77
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Charles Thienemann		14. MOTHER'S MAIDEN NAME Marie Rudolph	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.	
17. INFORMANT Mr. Wm. G. Kanne - 2411 Linden Ave.		ADDRESS	

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 197X I Sarcema (Kaposi's) Power Schistosomiasis DUE TO (A) ... (B) ... (C) ... DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) ... (C) ... OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Hypertension - arteria INTERVAL BETWEEN ONSET AND DEATH 1950 ?
--

19A. DATE OF OPERATION - 01		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Oct 1950 to Sept 12, 1952, that I last saw the deceased alive on Sept 9, 1952, and that death occurred at 9:15 p. m., from the causes and on the date stated above.					
23A. SIGNATURE Wm. G. Kanne		23B. ADDRESS 205 S. West St. Baltimore		23C. DATE SIGNED 9/12/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24B. DATE 9/15/52		24C. NAME OF CEMETERY OR CREMATORY Loudon Park Cem.	
24D. LOCATION (City, town, or county) (State) Balto., Md.		DATE RECEIVED BY LOCAL REGISTRAR SEP 13 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
VS 150		25. FUNERAL DIRECTOR Wm. J. Vickner & Sons		ADDRESS Balto. 17, Md.	

5013

SE

5013

AVULLEY



200
52 8453

CERTIFICATE CORRECTED OCT. 2, 1952
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 8453

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

SOHO MONG HEACH

2. DATE
OF DEATH

SEPT. 11, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

MARYLAND

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

MERCY HOSP.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

3009 GUILFORD

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

M.

8. DATE OF BIRTH

AUG. 14, 1878

9. AGE (In years last birthday)

74

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Salesman

10B. KIND OF BUSINESS OR INDUSTRY

self employed

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

James M. Leach

14. MOTHER'S MAIDEN NAME

EMMA HARTLAVE

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Rebecca M. Leach-3009 Guilford Ave.

18.

177X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Metastatic Ca. of prostate with metastasis to peri aortic lymph nodes and thoracic vertebrae

INTERVAL BETWEEN ONSET AND DEATH

10 months

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **Sept 3**, 19**52**, to **Sept 11**, 19**52**, that I last saw the deceased alive on **Sept 11**, 19**52**, and that death occurred at **11** m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

MERCY HOSPITAL

23C. DATE SIGNED

Sept 11, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

9/15/52

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR

SEP 13 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. J. Ticker & Sons

ADDRESS

Balto 17, Md.

VS 150

1952 4906A

844

MEDICAL CERTIFICATION

See Document File 52-8453 for query reply

460
52 8454BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 8454

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Arianna Stewart Moller

2. DATE
OF
DEATH

September 11, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

2427 Guilford Avenue

Yrs.
Mos.
Days

C. Length of stay in Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Maryland

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

2427 Guilford Avenue

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

June 18, 1872

9. AGE (In years
last birthday)

80

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

At Home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John W. Stewart

14. MOTHER'S MAIDEN NAME

Maria L. Hooper

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

None

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. John W. Moller-2427 Guilford Avenue

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Carcinoma of the stomach

4 months

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Coronary Thrombosis

3 yrs 8 mos

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from Jan. 28, 1948, to Sept. 11, 1952, that I last saw the deceased alive on Sept 10, 1952, and that death occurred at 6 A. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

W. Hoffman Hersperger

M. D.

214 Medical Gt. Bldg. Sept. 12, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town or county) (State)

Burial

9-13-52

Loudon Park Cemetery

Baltimore, Maryland

DATE RECEIVED BY

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 13 1952

Huntington Williams, M.D.

K. J. Pickner & Sons - Baltimore - 17

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 8455**

52 8455
BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

LUCY BEEHLER

2. DATE
OF
DEATH

SEPT. 11, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland **yes**

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

UNION MEMORIAL HOSPITAL

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE
MARYLAND

B. COUNTY

C. CITY OR TOWN

BALTIMORE

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

2503 ALLENDALE RD.

Length of stay in Baltimore

56

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

JULY 9, 1896

9. AGE (In years last birthday)

56

If Under 1 Year Months Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSEWIFE

10B. KIND OF BUSINESS OR INDUSTRY

—

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

JOSEPH Davis

14. MOTHER'S MAIDEN NAME

CLARA PARLETT

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

HUSBAND (ALBERT Beehler) Allenbald Rd

18. **456X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Disseminated lupus erythematosus**

DUE TO **atosis**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **7/15**, 19**52**, to **9/7**, 19**52**, that I last saw the deceased alive on **9/11**, 19**52**, and that death occurred at **6:30 Pm.**, from the causes and on the date stated above.

23A. SIGNATURE

Richard S. Nelson

M. D.

23B. ADDRESS

Union Memorial Hosp. Baltimore 18 Maryland

23C. DATE SIGNED

Sept. 11, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

9/15/52

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

SEP 13 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D. J. Wickner & Sons

25 FUNERAL DIRECTOR

ADDRESS

UNITED STATES DEPARTMENT OF THE INTERIOR

WATER RESOURCES DIVISION

REPORT OF THE
COMMISSIONER OF THE
GENERAL LAND OFFICE
TO THE SECRETARY OF THE
INTERIOR
ON THE
LANDS BELONGING TO THE
UNITED STATES
IN THE
STATE OF
NEW YORK

525
52 8456
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 8456

1. NAME OF DECEASED (Type or Print) ANNA E. JOHNSON		2. DATE OF DEATH September 12, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION Mercy Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
Length of stay in Baltimore 2 years		D. STREET ADDRESS (If rural, give location) 642 Sterling Street	
6. SEX Female	7. COLOR OR RACE Colored	8. DATE OF BIRTH Jan. 23, 1932	9. AGE (In years last birthday) 20 yrs.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed		11. BIRTHPLACE (State or foreign country) Kelford - N. Carolina	
10B. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Purvis Johnson		14. MOTHER'S MAIDEN NAME Ada Anderson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT Ada Cannon - 642 - Sterling St.		ADDRESS	

18. E982x I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Multiple Stab Wounds of Chest and Abdomen X6276	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Laceration of right arm X6276	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) street	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) in front of 617 Ensor Street
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 9/11/52 7:30 P.	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? sharp instrument

22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.

23A. SIGNATURE B. Fisher	23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR.....	23C. DATE SIGNED 9/12/52
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24A. BURIAL, CREMATION, REMOVAL (Specify) Removal	24B. DATE 9/15/52	24C. NAME OF CEMETERY OR CREMATORY Heldon N. C.	24D. LOCATION (City, town, or county) (State) Heldon, N.C.
DATE RECEIVED BY LOCAL REGISTRAR SEP 13 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR W. Halstead - 918 - Grand St.	

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524809

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 8457

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JEROME

BAILEY

2. DATE
OF
DEATH

September 8, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Baltimore City Morgue

Yrs.
Mos.
Days

Length of stay in Baltimore

Years

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

Nov. 21, 1904

9. AGE (In years
last birthday)

48 yrs

If Under 1 Year Months: Days
If Under 24 Hours Hours: Min.10A. USUAL OCCUPATION (Give kind
of work done during most of working life, even if retired)

Chauffeur

10B. KIND OF BUSINESS OR
INDUSTRY

TRANS

13. FATHER'S NAME

?

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Loretta B. Jones - 715 Jessier St

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

M. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William W. Jones

M.D.

23B. CHIEF MEDICAL EXAMINER.....☐ASSISTANT MEDICAL EXAMINER.....☐

23C. DATE SIGNED

Sept. 9, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

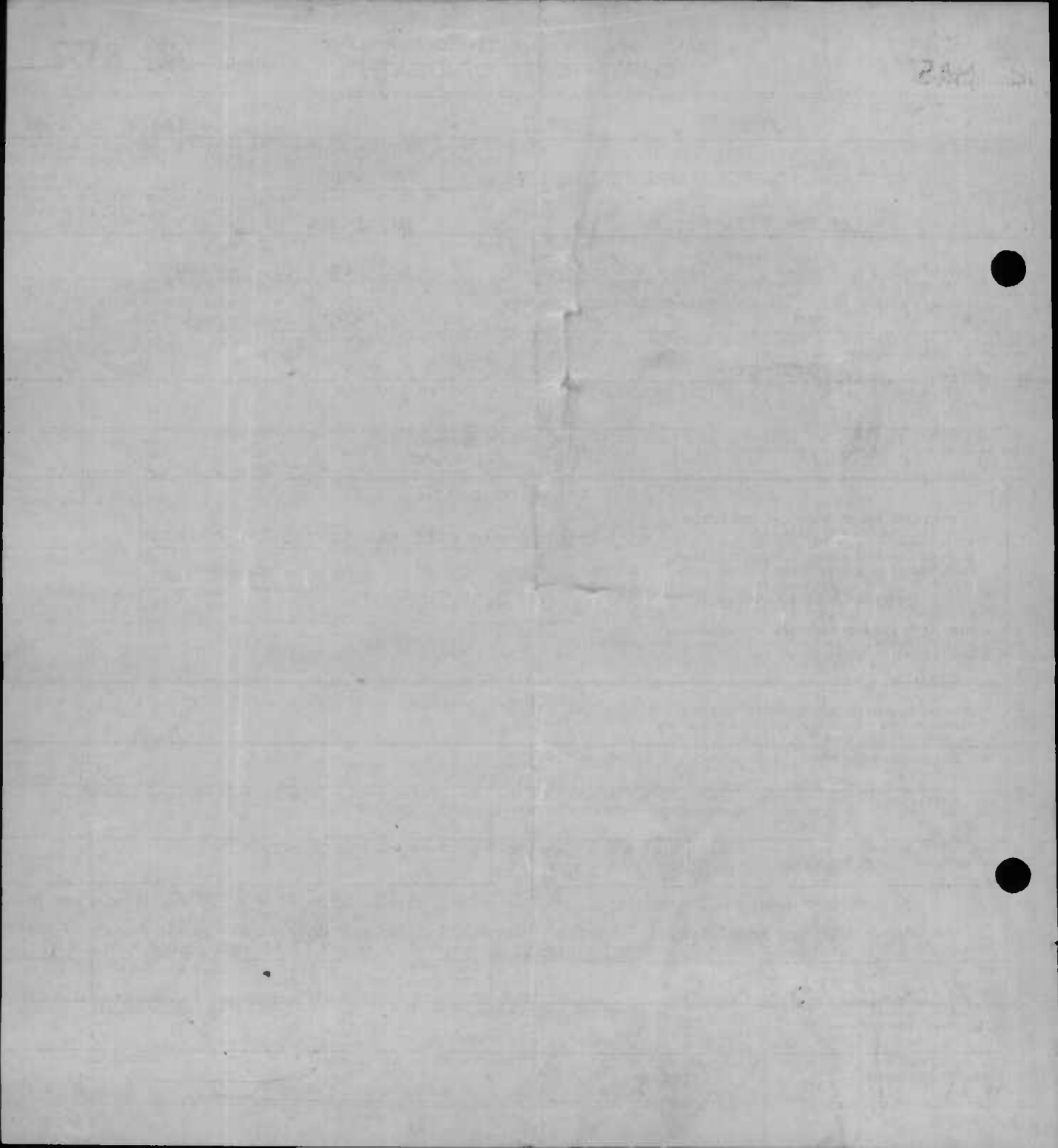
25. FUNERAL DIRECTOR

ADDRESS

SEP 13 1952

Huntington Williams, M.D.

A. Halstead - 918 Druid Hill Ave.



460
52 8458BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 8458

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Richard William Koehler

2. DATE

OF DEATH September 12, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

1205 Sabina Avenue

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

Nov. 14, 1889

9. AGE (In years
last birthday)

62

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)
Steam and Pipe Fitter10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?
U S A

13. FATHER'S NAME

William Koehler

14. MOTHER'S MAIDEN NAME

Hannah -----

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

198-03-1089

17. INFORMANT

Mrs. Frieda Koehler

ADDRESS

1205 Sabina Avenue

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-13, 1950, to 9-11, 1952 that I last saw the
deceased alive on 9-11, 1952 and that death occurred at 6:50 A. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

Sept. 15, 1952 Parkwood

Baltimore Co. Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 13 1952

Huntington Williams, M.D.

Burgee Funeral Home

3631 Falls Road

438

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 8459**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Mrs. Nannie V. Schratke			2. DATE OF DEATH September 11, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION 3654 Keswick Road			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore 70 years			D. STREET ADDRESS (If rural, give location) 3654 Keswick Road		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Sept. 6, 1880		9. AGE (in years last birthday) 72
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Virginia		12. CITIZEN OF WHAT COUNTRY? U S A
13. FATHER'S NAME John W. Shields			14. MOTHER'S MAIDEN NAME Matilda ----		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. ---	17. INFORMANT ADDRESS Miss Virginia Schratke 3654 Keswick Road		

18. 44yx I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Post cerebral hemorrhage (A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Hypertensive cardio-vascular renal disease (B) DUE TO		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1944 , to 9/10, 1952 , that I last saw the deceased alive on 9/10, 1952 , and that death occurred at 4 A. m. , from the causes and on the date stated above.					
23A. SIGNATURE Wm N. McFaulkner		23B. ADDRESS 840 W. 36th St		23C. DATE SIGNED 9/11/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Sept. 13, 1952		24C. NAME OF CEMETERY OR CREMATORY Lorraine Park	
24D. LOCATION (City, town, or county) (State) Baltimore Co., Maryland		25. FUNERAL DIRECTOR ADDRESS Burgee Funeral Home 3631 Falls Road			
DATE RECEIVED BY LOCAL REGISTRAR SEP 13 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.			

1 Dr. Guyton
3961 Greenmount
52 8460

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 8460

1. NAME OF DECEASED (Type or Print) FANNIE ELLA HOFFMAN			2. DATE OF DEATH SEPT 12, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION 2637 Garrett Avenue			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 9-07		
C. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 2637 Garrett Avenue		
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH July 18, 1878	9. AGE (In years last birthday) 74	If Under 1 Year Months Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Baltimore, Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Joseph Robinson			14. MOTHER'S MAIDEN NAME Elizabeth Douglas		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Mr. Charles L. Hoffman, 2637 Garrett		
18. 4222 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Chronic myocarditis DUE TO ANTECEDENT CAUSES (B) malnutrition DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) INTERVAL BETWEEN ONSET AND DEATH 1 mo.					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 8/25, 1952, to 9/11/52, 1952, that I last saw the deceased alive on 9/11, 1952, and that death occurred at 10.50 a.m., from the causes and on the date stated above.					
23A. SIGNATURE J. Willis Guyton		M. D. 3961 Greenmount Ave.		23C. DATE SIGNED 9/12/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 9/15/ 52	24C. NAME OF CEMETERY OR CREMATORY St. Paul's Lutheran Cem.	24D. LOCATION (City, town, or county) (State) Baltimore, Maryland		
DATE RECEIVED BY LOCAL REGISTRAR SEP 13 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Leonard J. Ruck, 5305 Harford Road.	

MEDICAL CERTIFICATION

CERTIFICATE OF DEATH

1930

2-27-30

ELIA - 10-1-1

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 8461
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) EDWARD LESTER MC FADDEN			2. DATE OF DEATH SEPT. 11, 1952		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Maryland b. COUNTY		
b. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 3802 Yolando Road			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 9-01		
c. Length of stay in Baltimore Yrs. Mos. Days			d. STREET ADDRESS (If rural, give location) 3802 Yolando Road		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Dec. 25, 1876		9. AGE (In years last birthday) 75
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) carpenter		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Baltimore, Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME ?			14. MOTHER'S MAIDEN NAME Laura ?		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Belvedere Mr. Louis P. Mc Fadden, 1532 East		

18. 443X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic Hypertensive CARDIO-VASCULAR disease		INTERVAL BETWEEN ONSET AND DEATH 10 YR ±
(A) DUE TO CAUSE OF DEATH		
(B) DUE TO		
(C) DUE TO		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **5-26, 1932** to **9-11, 1952** that I last saw the deceased alive on **9-11, 1952** and that death occurred at **10 P.M.**, from the causes and on the date stated above.

23A. SIGNATURE Anthony F. Carrizza M.D.	23B. ADDRESS 5217 YORK RD	23C. DATE SIGNED 9.12.52
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 9/15/52	24C. NAME OF CEMETERY OR CREMATORY Moreland Mem. Park	24D. LOCATION (City, town, or county) (State) Baltimore, Maryland
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DATE RECEIVED BY LOCAL REGISTRAR SEP 13 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Leonard J. Ruck	ADDRESS 5305 Harford Road.
--	---	--	--------------------------------------

Dr. Carroza
5717 York

CERTIFICATE OF DEATH

THE UNDERSIGNED DO HEREBY
3508 Yolande Road
2nd. 25, 1978

Mr. Louis . No. 1000, 1st. 1st.

3508 Yolande Road

3508 Yolande Road

3508 Yolande Road

3508 Yolande Road

520
52 8462BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 8462
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) HAMILTON T. QUINCY			2. DATE OF DEATH 9-12-52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Windsor Rest Home 3025 Windsor Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Hernwood		
C. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 5300		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH 2-13-1877	9. AGE (In years last birthday) 75	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming			11. BIRTHPLACE (State or foreign country) Paola, Kansas		
10B. KIND OF BUSINESS OR INDUSTRY Farm			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Horacio H. Quincy			14. MOTHER'S MAIDEN NAME Mary Rhodes		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. 212-12-5349		
			17. INFORMANT ADDRESS Mrs. G.A. Farmer, Woodstock, Md.		

18. 470.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary arteriosclerotic heart disease DUE TO (A) 2 yrs. (B) (C) DUE TO (B) (C) DUE TO	INTERVAL BETWEEN ONSET AND DEATH 2 yrs.
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II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Cerebral arteriosclerosis 5 yrs.		
19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Sept. 3**, 19**52**, to **Sept. 12**, 19**52**, that I last saw the deceased alive on **Sept 11**, 19**52**, and that death occurred at **8 a. m.**, from the causes and on the date stated above.

23A. SIGNATURE Abraham B. Hurwitz	23B. ADDRESS 3048 W. North Ave.	23C. DATE SIGNED Sept. 13, 1952
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 9-15-52	24C. NAME OF CEMETERY OR CREMATORY Good Shepherd
24D. LOCATION (City, town, or county) (State) Ellicott City, Md.		

DATE RECEIVED BY LOCAL REGISTRAR SEP 13 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR ADDRESS F.C. Higinbotham, Ellicott City, Md.
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Page 1

1-1-5

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260
52 8463BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 8463
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CHARLES P. BAKER

2. DATE
OF
DEATH

9/12/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION4. USUAL RESIDENCE (Where deceased lived, if institution: residence
before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and township)

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in year
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 420 1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A)
DUE TO

Coronary Heart Disease 2 years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)Arteriosclerosis 2 years
Senility 2 yearsII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1952, to Sept 12, 1952, that I last saw the
deceased alive on Sept 12, 1952, and that death occurred at 6:30 P.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

CERTIFICATE OF DEATH

STATE OF NEW YORK

1914

-330

REA-120141

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 52 8464

BIRTH NO. 52 8464

1. NAME OF DECEASED (Type or Print) Carrie V. Whitehead			2. DATE OF DEATH Sept. 12, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY 26-12		
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Avenue			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore 38 yrs.			D. STREET ADDRESS (If rural, give location) B. C. H. 4940 Eastern Avenue		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct. 18, 1862		9. AGE (In years last birthday) 89
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Edward Johnson			14. MOTHER'S MAIDEN NAME Annie Waltfield		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) -		16. SOCIAL SECURITY NO. -	17. INFORMANT ADDRESS Records: B. C. H. 4940 Eastern Avenue		

18. E 903.7 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Fractured Left Hip			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (A) DUE TO (B) DUE TO (C) DUE TO			CERTIFICATION APPROVED BY <i>William Williams</i> M.D. PHYSICIAN OR ASST. MEDICAL EXAMINER.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 6-12-52	19B. MAJOR FINDINGS OF OPERATION Fracture left femur		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input checked="" type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Infirmary B. C. H.	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Infirmary B. C. H. 4940 Eastern Avenue			
21D. TIME (Month) (Day) (Year) (Hour) 6-10-52 5:15	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? Patient hooked foot in leg of bed fell to floor injuring her hip			
22. I hereby certify that I attended the deceased from 6-2 19 48 , to 9-12 , 19 52 , that I last saw the deceased alive on 9-12 , 19 52 , and that death occurred at 1:15 a.m., from the causes and on the date stated above.					
23A. SIGNATURE <i>H. E. Johnson</i> M.D.			23B. ADDRESS 4940 Eastern Avenue		23C. DATE SIGNED 9-12-52
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 9/15/52	24C. NAME OF CEMETERY OR CREMATORY Western	24D. LOCATION (City, town, or county) (State) Edmonston Inc		
DATE RECEIVED BY LOCAL REGISTRAR SEP 13 1952	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR ADDRESS <i>Paul E. Edmonston 3615-17 Chestnut Ave</i>		

VS 150

TO BE APPROVED BY MEDICAL EXAMINER

N-820.1

CERTIFICATE OF DEATH

1910

County of ... State of ...

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52 452
8465BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 8465

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <u>Zella Williams</u>		2. DATE OF DEATH <u>September 11, 1952</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>md.</u> B. COUNTY <u>Harford</u>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>JOHNS HOPKINS HOSPITAL</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Abundeen</u>	
D. STREET ADDRESS (If rural, give location) <u>Route #2</u>		E. LENGTH OF STAY IN BALTIMORE Yrs. <u>0</u> Mos. <u>0</u> Days <u>0</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>2-14-11</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY <u>House Wife</u>	9. AGE (in years last birthday) <u>41 yrs</u>
11. BIRTHPLACE (State or foreign country) <u>Brunswick, Va</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13. FATHER'S NAME <u>Bastick Estel</u>		14. MOTHER'S MAIDEN NAME <u>Mary Adkins</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>✓</u>	
17. INFORMANT <u>JOHNS HOPKINS HOSPITAL</u>		ADDRESS	

18. <u>174x</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Thrombia</u>	CAUSE OF DEATH (A) <u>Thrombia</u> DUE TO (B) <u>Epidemic CA & uteri</u> DUE TO (C) <u>Epidemic CA & uteri</u>	INTERVAL BETWEEN ONSET AND DEATH <u>June 1951</u> ↓ <u>9-11-52</u>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <u>9-11-52</u>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-18, 1952, to 9-11, 1952, that I last saw the deceased alive on 9-11, 1952, and that death occurred at 5 PM, from the causes and on the date stated above.

22A. SIGNATURE <u>Charles D. Goff</u>	23B. ADDRESS <u>JOHNS HOPKINS HOSPITAL</u>	23C. DATE SIGNED
--	---	------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24B. DATE <u>Sept 13, 1952</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Not from Cemetery</u>	24D. LOCATION (City, town, or county) (State) <u>Harford Md</u>
DATE RECEIVED BY LOCAL REGISTRAR <u>SEP 13 1952</u>	REGISTRAR'S SIGNATURE <u>Huntington Williams, M.D.</u>	25. FUNERAL DIRECTOR <u>Joseph J. Taylor</u>	

VS 150

19520008465

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 8466

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

DANIEL E. COLLINS

2. DATE
OF
DEATH

Sept. 11, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location)

Mercy Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

1621 S. Charles Street

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

11/17/1885

9. AGE (In years last birthday)

66

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Hardware Storekeeper

10B. KIND OF BUSINESS OR INDUSTRY

Own

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Daniel

14. MOTHER'S MAIDEN NAME

Adelaide Reed

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Family - Same

ADDRESS

18. **E901.6**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) **Skull fracture**

-DUE TO-

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Subdural hemorrhage**

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

building

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

1545 S. Charles Street

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

Sept. 11, 1952 10:00 A. m.

21E. INJURY OCCURRED

WHILE AT WORK ☒

NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

Fell from ladder to ground

22. I certify that I took charge of the remains described above, held an **autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William J. Williams

23B. CHIEF MEDICAL EXAMINER

ASSISTANT MEDICAL EXAMINER

M.D. MEDICAL INVESTIGATOR

23C. DATE SIGNED

9-11-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

B

24B. DATE

9/15/52

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

SEP 13 1952 *Huntington Williams, M.D.*

25. FUNERAL DIRECTOR

ADDRESS

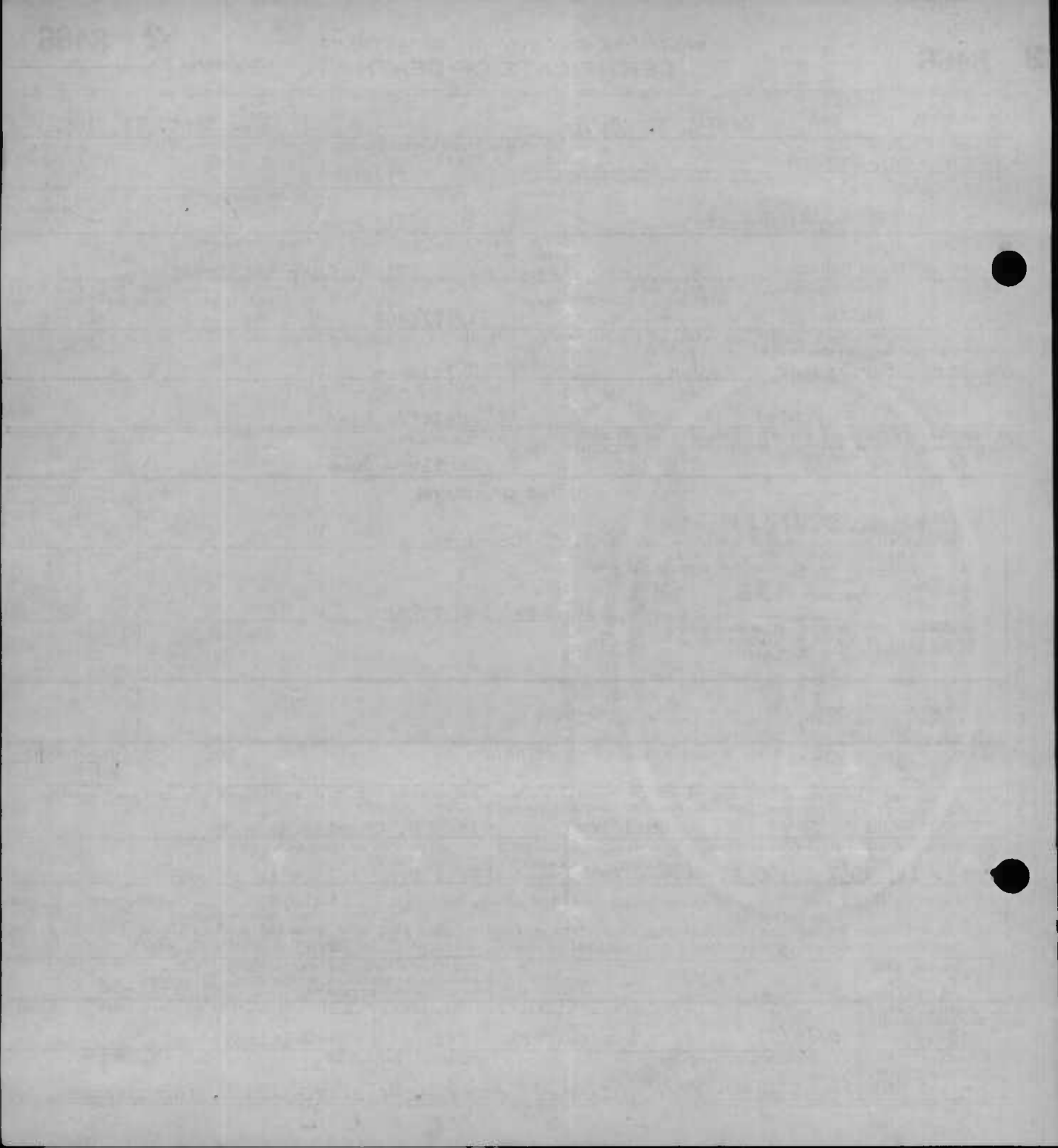
James L. McCully - 130 E. Fort Avenue

V S 151

N-813.2

05 200628402

correct age is especially important. Physicians, please file the Certificate of Death in the correct age is especially important.



500
52 8467BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 8467

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

SAMUEL CHANEY

2. DATE
OF
DEATH

SEPT. 12, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION 4660 KERNWOOD AVE.4. USUAL RESIDENCE (Where deceased lived, If institution: residence
before admission)
A. STATE MD.
B. COUNTY BALTO.C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township) 27-11D. STREET ADDRESS (If rural, give location)
4660 KERNWOOD AVE.

C. Length of stay in Baltimore

LIFE

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

NOV. 7, 1883

9. AGE (In years
last birthday)

68

If Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

R.R. MAINTENANCE

10B. KIND OF BUSINESS OR
INDUSTRY

BETHLEHEM STEEL

11. BIRTHPLACE (State or foreign country)

MD.

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

GEORGE E. CHANEY

14. MOTHER'S MAIDEN NAME

ANNIE CECIL

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

213-09-2299A

17. INFORMANT

ADDRESS

SAMUEL CHANEY 1531 E. 35TH ST

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

arteriosclerotic cardio vascular
disease

ANTECEDENT CAUSES

(B)

DUE TO

arteriosclerosis

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1952, to Sept 10, 1952, that I last saw the
deceased alive on 9-12, 1952, and that death occurred at 1:20 A.M., from the causes and on the date stated above.

23A. SIGNATURE

John J. Gould

M. D.

23B. ADDRESS

197 East Ave

23C. DATE SIGNED

9-13-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

9-15-1952

24C. NAME OF CEMETERY OR CREMATORY

OAKLAWN

24D. LOCATION (City, town, or county)

BALTO.

(State)

MD.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

H.W. JENKINS & SONS Co. 4905 YORK RD

DR. J. J. GOULD
14 N. EAST AV.

1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 26

390

52 8468

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 8468
Registered No.

1. NAME OF DECEASED (Type or Print) Edward M. Ayd			2. DATE OF DEATH Sept. 12, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland 2825 Windsor Ave			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) 2825 Windsor Ave			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 2825 Windsor Ave.		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 29, 1997	9. AGE (In years last birthday) 55	If Under 1 Year Months: Days Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Druggist			11. BIRTHPLACE (State or foreign country) Balto. Md.		
10B. KIND OF BUSINESS OR INDUSTRY Own Business			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Joseph H. Ayd			14. MOTHER'S MAIDEN NAME Anna Marie Williax		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Mrs. Mary Ida Ayd, 2825 Windsor Ave		

18. 4/20.1	CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Coronary insufficiency, chronic.	8-10 years
DUE TO		(B) Arteriosclerotic etiology	Unknown
DUE TO		(C) Heart failure	Several months.
DUE TO		(C) None.	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION None.	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Sept. 10, 1952** to **Sept. 10, 1952**, that I last saw the deceased alive on **Sept. 10, 1952**, and that death occurred at **1 P. m.**, from the causes and on the date stated above.

23A. SIGNATURE M. E. Royster Jr.	23B. ADDRESS 11 E. Chase St., Balto. 2.	23C. DATE SIGNED Sept. 13, 1952
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Sept. 15/52	24C. NAME OF CEMETERY OR CREMATORY Most Holy Redeemer
24D. LOCATION (City, town, or county) (State) Balto. Md.		

DATE RECEIVED BY LOCAL REGISTRAR SEP 13 1952	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR Harry H. White	ADDRESS 4101 Edmondson Ave.
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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **52 8469**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)**George B. Clark**2. DATE
OF
DEATH **Sept. 10, 1952**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MarylandB. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION**2523 Calverton Heights**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2523 Calverton HeightsC. Length of stay in Baltimore **12 yrs.**Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Aug. 27, 18769. AGE (In years
last birthday)**76**If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)**Laborer**10B. KIND OF BUSINESS OR
INDUSTRY**In General**

11. BIRTHPLACE (State or foreign country)

Norfolk, Virginia12. CITIZEN OF
WHAT COUNTRY?**U. S. A.**

13. FATHER'S NAME

George Clark

14. MOTHER'S MAIDEN NAME

Sarah Holmes15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)**No**16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Vivian Smith 2523 Calverton Hgts.18. **260X**

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) **Acute congestive failure**
DUE TO**1 yr.**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) **Diabetes**
DUE TO(C) **Uremic Coma****3 wks.**II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **April**, 1951, to **September**, 1952, that I last saw the
deceased alive on **Sept. 9**, 1952, and that death occurred at **m.**, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial**9/13/52****Arbutus Mem. Park****Arbutus Balto. Md.**DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 13 1952**Huntington Williams, M.D. Elroy Wilson - 1000 Brantley Ave.**

4400
52 8470

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 8470
Registered No.

BIRTH NO. 52-22061

1. NAME OF DECEASED
(Type or Print)

BABY GIRL TEEL

2. DATE
OF
DEATH

Sept. 12, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

MERCY HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write R.D. and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

2234 N. CALVERT

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

Sept. 12, 1952

9. AGE (In years last birthday)

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

1 30

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

OWEN TEEL

14. MOTHER'S MAIDEN NAME

CAROLYN BURKS

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. 762.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

(A) Respiratory Failure

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Atelectasis, Bilateral

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 12, 1952, to Sept. 12, 1952, that I last saw the deceased alive on Sept. 12, 1952, and that death occurred at 2:45 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Martha Tirona - Cortez M. O.

23B. ADDRESS

Mercy Hospital

23C. DATE SIGNED

9-12-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Removal

9-13-52

Beckley

Beckley, West Virginia

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 13 1952

Huntington Williams, M. Wm. Cook, Inc.

1217 St. Paul St.

0772 57

0772

SECRET

SECRET



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 8471**

BIRTH NO. **200 8471**

1. NAME OF DECEASED (Type or Print) RICHARD FAX			2. DATE OF DEATH Sept. 12, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY 17-03		
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital			C. CITY OR TOWN (If outside corporate limits, give rural and give township) Baltimore		
Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 790 W. Franklin Street		
5. SEX male	6. COLOR OR RACE colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH OCT 17 1886	9. AGE (In years last birthday) 66	If Under 1 Year Months Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer at Martin			11. BIRTHPLACE (State or foreign country) Reisterstown, Md.		
10B. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME George W. Fax <i>AIRPLANE (M)</i>			14. MOTHER'S MAIDEN NAME Alma		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO.		
17. INFORMANT Rovina Fax			ADDRESS		

18. 443 X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hypertensive cardiovascular disease (A) DUE TO			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <u>inspection & inquiry</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <i>William H. [Signature]</i>		23B. CHIEF MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR		23C. DATE SIGNED Sept. 13, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE Sept. 15, 52		24C. NAME OF CEMETERY OR CREMATORY ST. LOUIS	
24D. LOCATION (City, town, or county) Reisterstown		24E. STATE Md			
DATE RECEIVED BY LOCAL REGISTRAR SEP 13 1952		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR J. F. ELINE	
				ADDRESS Reisterstown, Md	

NO. 8 SC

NO. 12 27 1940

171

624
52 8472BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 8472

BIRTH NO.

1. NAME OF DECEASED (Type or Print)		John M. Cargill		2. DATE OF DEATH Sept. 11, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION Provident Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 11-04			
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 430 W. Biddle St.			
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 27, 1875	9. AGE (In years, last birthday) 77	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Porter		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Georgia	
13. FATHER'S NAME J. Marcus Cargill		16. SOCIAL SECURITY NO. 216-01-1732A		12. CITIZEN OF WHAT COUNTRY? U. S. A. ✓	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 216-01-1732A		17. INFORMANT Mrs. Carrie Cargill	
18. 443 X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO Hypertensive Heart Disease		CAUSE OF DEATH (A) Hypertensive Heart Disease (B) Cerebral Hemorrhage (C) Pneumonia		INTERVAL BETWEEN ONSET AND DEATH	
18. II DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		18. II DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		18. II DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 9/6, 1952, to 9/11, 1952, that I last saw the deceased alive on 9/11, 1952, and that death occurred at 11:30 p. m., from the causes and on the date stated above.					
23A. SIGNATURE John H. Holmes III		23B. ADDRESS 927 N. Monroe		23C. DATE SIGNED 9/12/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 9-15-52		24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cem	
24D. LOCATION (City, town, or county) (State) Baltimore, Md.		24E. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cem		24F. LOCATION (City, town, or county) (State) Baltimore, Md.	
DATE RECEIVED BY LOCAL REGISTRAR SEP 13 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Mrs. Frances A. Kennedy	
VS 150		ADDRESS 578 W Biddle St		ADDRESS 578 W Biddle St	

19520008460

OFFICE OF DEATH

John Doe
1234 Main St
City, State

For more

11/11/35
1234 Main St
City, State

11/11/35
1234 Main St
City, State

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 8473**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Paul R. Seal

2. DATE
OF
DEATH

Sept 11, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived, if institution, residence before admission)
A. STATE *MD* B. COUNTY *Baltimore*

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Sparrow Pt

D. STREET ADDRESS (If rural, give location)
No. Point Creek

5. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

male *white* **MARRIED.**

5-1-90 *62*

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

PAINTER

SELF

BALTIMORE, MD.

U.S.A.

13. FATHER'S NAME

WILLIAM SEAL

14. MOTHER'S MAIDEN NAME

TRISSIE JARRETT

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS

NO

NO

216-10-4666

JOHNS HOPKINS HOSPITAL

18. *443X*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Cerebral thrombosis**

5 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Hypertensive Cardiovascular Disease**

6 yrs

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *9/6* to *9/11*, 19*52*, that I last saw the deceased alive on *9/11*, 19*52*, and that death occurred at *11:45* a. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

George G. Edwards, M.D.

JOHNS HOPKINS HOSPITAL

9-11-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

BURIAL

9-15-52

SACRED HEART CEM.

7401 GERMAN HILL RD. MD

DATE RECEIVED BY LOCAL HEALTH DEPARTMENT

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 15 1952

Huntington Williams, M.D.

Charles S. Geiler

901 S. CONKLING ST.

SEP 13 1952

1952 06422840

MEDICAL CERTIFICATION

[Faint, illegible text throughout the form, likely bleed-through from the reverse side. Discernible fragments include:]

NAME OF DECEASED
AGE
SEX
DATE OF DEATH
PLACE OF DEATH
Cause of Death
Signature of Physician
Signature of Registrar

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 8474
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Wayman A Revell

2. DATE OF DEATH
Sept. 8, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTEBaltimore City Hospitals
4940 Eastern Avenue4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

910 N. Gay Street-5

5. SEX

Male

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

1 1 1

9. AGE (In years last birthday)

43 1

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Chauffeur

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Andrew Revell (Dec)

14. MOTHER'S MAIDEN NAME

Maggie ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Records: B. C. H. 4940 Eastern Avenue

18. 331X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

Possible Cerebral vascular accident ?

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-7 8:30A 1952, to 9-8 1952, that I last saw the deceased alive on 9-8 1952, and that death occurred at 8:30A m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

4940 Eastern Avenue

23C. DATE SIGNED

9-10-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRY

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 13 1952

564352

162877.0 Caroline St

1778 30

1778 30

1778 30

1778 30

1778 30

1778 30

1778 30

1778 30

1778 30

1778 30

1778 30

1778 30

1778 30

52 8475

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 8475
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ARTHUR ROSENBERGER, JR.

2. DATE
OF
DEATH

Sept. 13, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Baltimore City Hospitals

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Essex

D. STREET ADDRESS (If rural, give location)

304 Harding Avenue

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

6/25/1924

9. AGE (In years
last birthday)

26

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Elect. tubing

10B. KIND OF BUSINESS OR
INDUSTRY

Airplane and

11. BIRTHPLACE (State or foreign country)

Va.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Arthur W. Rosenberg

14. MOTHER'S MAIDEN NAME

Lillie Beam

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

Army

16. SOCIAL
SECURITY NO.

215-28-6463

17. INFORMANT

Maxine Rosenberger

ADDRESS

1618 Hickman Rd

18. *Ex. 4*

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Asphyxiation

following automobile accident

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

road

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

Oren and Goldenring Road

53-24

21D. TIME (Month) (Day) (Year) (Hour)

September 13, 1952 6:00A.

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Auto overturned at intersection

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐ accident ☒ suicide ☐ homicide ☐ undetermined ☐.
Autopsy, Inspection or Inquiry

23A. SIGNATURE

William C. Smith

23B. CHIEF MEDICAL EXAMINER.....☐ASSISTANT MEDICAL EXAMINER.....☒M.D. MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

Sept. 13, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Removal

24B. DATE

9/14/52

24C. NAME OF CEMETERY OR CREMATORY

Broadway Va

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

SEP 14 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

J. Buzzginski 1407 Eastern Ave

ADDRESS

VS 151

N-991.0 01 95 690 57 8 4 7

MEDICAL CERTIFICATION

Correct age is expected



52 8476

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 8476
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOSEPH CHRISTOPHER

2. DATE
OF
DEATH

SEPT 13, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

Baltimore

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

37 Mercy Hosp.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

5354

D. STREET ADDRESS (If rural, give location)

837 Brunswick, #21

length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

M

W

Widower

July 3, 1987

65

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

cool nice cigar operator

11. BIRTHPLACE (State or foreign country)

Penn

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Martin Christopher

14. MOTHER'S MAIDEN NAME

Julia Schinski

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 585 X 1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Cocheria + malnutrition

5 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Duodenal fistula

5 days

(C) cholecystitis

2 mos.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

Aug. 19, 1952

Acute cholecystitis

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐22. I hereby certify that I attended the deceased from July 21, 1952, to Sept 13, 1952, that I last saw the
deceased alive on July 13, 1952, and that death occurred at 4:25 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Robert A. Moore Jr.

M. D.

Mercy Hospital

9/13/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 14 1952

Huntington Williams, M.D.

Wm. Cook Inc. 1217 St. Paul St.

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 8477
Registered No. _____

52 8477
BIRTH NO. 52-8-1563

1. NAME OF DECEASED (Type or Print) Baby Boy Gear		2. DATE OF DEATH 9-7-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland Md.		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION Maryland Gen. Hosp.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 24-03	
C. Length of stay in Baltimore 10 hrs 5 min		D. STREET ADDRESS (If rural, give location) 1042 William St.	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 0	8. DATE OF BIRTH 9-7-52
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 0		10B. KIND OF BUSINESS OR INDUSTRY 0	
13. FATHER'S NAME Ralph Gear, Sr.		14. MOTHER'S MAIDEN NAME Margaret May Haase	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 0		16. SOCIAL SECURITY NO. 0	
		17. INFORMANT Mother	
		ADDRESS 1042 William St	

18. 7625 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Congenital Osteoarthritis DUE TO Lungs		CAUSE OF DEATH 18-25-52
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ DUE TO _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Premature Labor		

19A. DATE OF OPERATION 9-7-52		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 9-7-52 to 9-7-52 , that I last saw the deceased alive on 9-7-52 , and that death occurred at 11:45 AM , from the causes and on the date stated above.					
23A. SIGNATURE A. P. Vicente		23B. ADDRESS Md. Gen. Hosp.		23C. DATE SIGNED 9-9-52	

24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY JOHN HOPKINS MEDICAL SCHOOL		24D. LOCATION (City, town, or county) (State) SEP 10, 1952	
DATE RECEIVED BY LOCAL REGISTRAR SEP 14 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Huntington Williams, M.D.		ADDRESS	

708

THE WASHINGTON POST
OFFICE OF THE
ATTORNEY GENERAL

10-2-54

200

52 8478
BIRTH NO. 12-20502BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 8478
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Baby Boy Girl</i>		2. DATE OF DEATH <i>Sept 6, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland ✓		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>Hospital for the Women of Maryland</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 14 15-48</i>	
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>3407 Elgen Ave</i>	
5. SEX <i>male</i>	6. COLOR OR RACE <i>w</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>Sept 6, 1952</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (in years last birthday) <i>2</i> Under 1 Year Months: Days: Hours: Min.
11. BIRTHPLACE (State or foreign country) <i>Balt. Md.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>Alfred Morgan Girl</i>		14. MOTHER'S MAIDEN NAME <i>Pearl Virginia Blevins</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Mother - 3407 Elgen Ave.</i>		ADDRESS	

18. <i>776x</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>prematurity (1 lb 2 oz) -</i> DUE TO <i>repeat abortion.</i>		INTERVAL BETWEEN ONSET AND DEATH <i>2 hrs 15 min</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>9-6-52</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <i>9-6-1952</i> , to <i>9-6-1952</i> , that I last saw the deceased alive on <i>9-6-3, 1952</i> and that death occurred at <i>4A.m.</i> , from the causes and on the date stated above.				
23A. SIGNATURE <i>Frederick M. Morgan</i>		23B. ADDRESS <i>Baltimore</i> <i>The Hospital for the Women of Md.</i>		23C. DATE SIGNED <i>9-6-52</i>

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>Huntington Williams, M.D.</i>
SEP 14 1952		ADDRESS	

195208473

8779 51

RECEIVED

NOV 20 1954

51

635
52-8479
52 8479

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 8479

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Sheridan John

2. DATE
OF
DEATH

8/27/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland ✓

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

South Baltimore General Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

3-02

D. STREET ADDRESS (If rural, give location)

929 E. Pratt St.

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Divorced

8. DATE OF BIRTH

11/4/04

9. AGE (In years last birthday)

47

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Hardy Man

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Ohio

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Patrick Sheridan

14. MOTHER'S MAIDEN NAME

Emma Maloy

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. 581.0 I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Hepatic Insufficiency
Cirrhosis, Portal

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Aug. 24, 1952 to Aug. 27, 1952, that I last saw the deceased alive on Aug. 27, 1952 and that death occurred at 7:00 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Ellen Bepko

23B. ADDRESS

M. D.

1213 Light St. Balto 30th.

23C. DATE SIGNED

8/27/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. CITY, town, or county

(State)

UNIVERSITY MEDICAL SCHOOL SEP 5 1952

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 14 1952

Huntington Williams, M.D.

Huntington Williams, M.D.

VS 150

1 9 5 9 2 7 0 9 9 0 8 4 7 9

1958-59

UNITED STATES DEPARTMENT OF AGRICULTURE

Page 3

Blank lined paper with three binder holes on the right side.

52 8480

VMC-162130

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO. 51-15368

1. NAME OF DECEASED
(Type or Print)

Albert Brown

2. DATE

OF

DEATH 8-21-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Baltimore City Hospitals

4940 Eastern Ave.

4. USUAL RESIDENCE (Where deceased lived, If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

815 1/2 E. Pratt St.

Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

N

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

8. DATE OF BIRTH

July 7, 1951

9. AGE (In years
last birthday)

1 yr.

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Rosalie Chappell

13. FATHER'S NAME

Roy Brown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Records: B. C. H. 4940 Eastern Ave.

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Tuberculosis Meningitis

Symptomatic
1 week

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Tuberculous Generalized

DUE TO

(C)

?

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

8-18-52

19B. MAJOR FINDINGS OF OPERATION

Trepnation

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-17-1952, to 8-21-1952, that I last saw the
deceased alive on 8-21-1952, and that death occurred at 5:45 P. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 14 1952

Huntington Williams, M.D.

Huntington Williams, M.D.



correct life is a really important. Physicians write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Baby Boy Haines

2. DATE
OF DEATH

Sept. 4, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE

Maryland

B. COUNTY

Carroll

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Hospital for the women of Md

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Westminster

5641

D. STREET ADDRESS (If rural, give location)

82 Winchester Avenue

Length of stay in Baltimore

5. SEX

m.

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Sept. 3, 1952

9. AGE (In years last birthday) If Under 1 Year Months Days If Under 24 Hours Hours Min.

1 2 17

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Hospital for the women of Md U.S.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Clarence Edward Haines

14. MOTHER'S MAIDEN NAME

Bettie Elaine Taylor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Clarence Haines Westminster Md

18. 750 X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANENCEPHALY INCOMPATIBLE

(A) WITH LIFE.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

PREMATURITY

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from SEPT. 3, 1952, to SEPT. 4, 1952, that I last saw the deceased alive on SEPT. 4, 1952, and that death occurred at 4:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Robert R. Kneach

23B. ADDRESS

Hosp. for the Women of Md. 9-4-52

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

JOHN HOPKINS MEDICAL SCHOOL SEP 8 1952

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 14 1952

Huntington Williams, M.D.

Huntington Williams, M.D.

VS 150

520 8481 8476

1213

530 0 933 100 1000-1000

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 8482

52 8482

BIRTH NO.

1. NAME OF DECEASED (Type or Print) HANNAH WOLF		2. DATE OF DEATH 9-12-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Md B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Leithers Hospital Baltimore		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 2617 Rosewood Ave		E. Length of stay in Baltimore life	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married	8. DATE OF BIRTH
9. AGE (In years last birthday) 47		10. Under 1 Year Months: Days	
11. Under 24 Hours Hours: Min.		12. CITIZEN OF WHAT COUNTRY?	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house wife		10B. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME Israel Abidan		14. MOTHER'S MAIDEN NAME Rebecca	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Isadore Wolf - Samuel		ADDRESS	

18. 331X	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Cerebral hemorrhage	4 hrs
ANTECEDENT CAUSES	DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) Hypertension	years
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	DUE TO	
	(C)	

19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January 4, 1952, to Sept 12, 1952, that I last saw the deceased alive on Sept 12, 1952, and that death occurred at 7:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE Louis R. Maser M.D.	23B. ADDRESS 4335 Oak Hightan	23C. DATE SIGNED 9/12/52
--	---	------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 9-14-52	24C. NAME OF CEMETERY OR CREMATORY Mt Carmel	24D. LOCATION (City, town, or county) (State) Balto Md
DATE RECEIVED BY LOCAL REGISTRAR SEP 14 1952	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR Joseph Lewis Inc	ADDRESS 2100 Canton St

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 8483
Registered No.

52 8483
BIRTH NO.

1. NAME OF DECEASED (Type or Print) JACOB BRODEKY		2. DATE OF DEATH 9-13-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Md B. COUNTY 15-47	
5. FULL NAME OF HOSPITAL OR INSTITUTION 2205 Braddish Ave Baltimore		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
Length of stay in Baltimore 40 Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 2205 Braddish Ave	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) mens tailor		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (in years last birthday) 64 If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.
11. BIRTHPLACE (State or foreign country) Russia		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Moses		14. MOTHER'S MAIDEN NAME Fannie	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Fannie Brodsky		ADDRESS same	

18. 153 X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) Carcinoma, sigmoid DUE TO (B) Carcinoma, sigmoid, recurrent DUE TO (C) Carcinomatosis	INTERVAL BETWEEN ONSET AND DEATH 20 months 7 months 1 month
	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONOITION CAUSING IT.	
	19A. DATE OF OPERATION 0 19B. MAJOR FINDINGS OF OPERATION	

21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **October, 1950** to **September, 1951** that I last saw the deceased alive on **13 Sept, 1952** and that death occurred at **10 PM** from the causes and on the date stated above.

23A. SIGNATURE **Wm. H. Hanger Jr.** M. O. 23B. ADDRESS **1701 Eutan Pl Co** 23C. DATE SIGNED **13 Sept '52**

24A. BURIAL, CREMATION, REMOVAL (Specify) **burial** 24B. DATE **9-14-52** 24C. NAME OF CEMETERY OR CREMATORY **Beth Telloh** 24D. LOCATION (City, town, or county) (State) **Balto Md**

DATE RECEIVED BY LOCAL REGISTRAR **SEP 14 1952** REGISTRAR'S SIGNATURE **Huntington Williams, M.D.** 25. FUNERAL DIRECTOR **Jack Lewis** ADDRESS **2100 Eutan Pl**

Handwritten notes in the top left corner:

1207
for 9802
Mar 0178

52 8484

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 8484

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CHARLES JENNISON

2. DATE
OF
DEATH

Aug. 26, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

8. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Sinai Hospital

Yrs.
Mos.
Days

Length of stay in Baltimore

5. SEX

M.

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 19-02

D. STREET ADDRESS (If rural, give location)

1304 W. Lexington St

8. DATE OF BIRTH

Sept. 9, 1880

9. AGE (in years)

71

If Under 1 Year

Months: Days

If Under 24 Hours

Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Photographer

10B. KIND OF BUSINESS OR INDUSTRY

Same

11. BIRTHPLACE (State or foreign country)

Boston Mass. U.S.A.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. 470.1 I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, assthenia, etc. It means the disease, injury or complication which caused death.)

(A) CORONARY HEART DISEASE

4 days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) URETHRAL STRICTURE = DIVERTICULUM of bladder

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

DIVERTICULECTOMY

19A. DATE OF OPERATION

July 15, 1952

19B. MAJOR FINDINGS OF OPERATION

DIVERTICULA OF BLADDER & STRICTURE OF URETHRA

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 10, 1952, to Aug. 26, 1952, that I last saw the deceased alive on Aug. 26, 1952, and that death occurred at 9 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Antonio Singson

23B. ADDRESS

Sinai Hospital of Balto.

23C. DATE SIGNED

8/28/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

UNIVERSITY MEDICAL SCHOOL SEP 5 1952

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

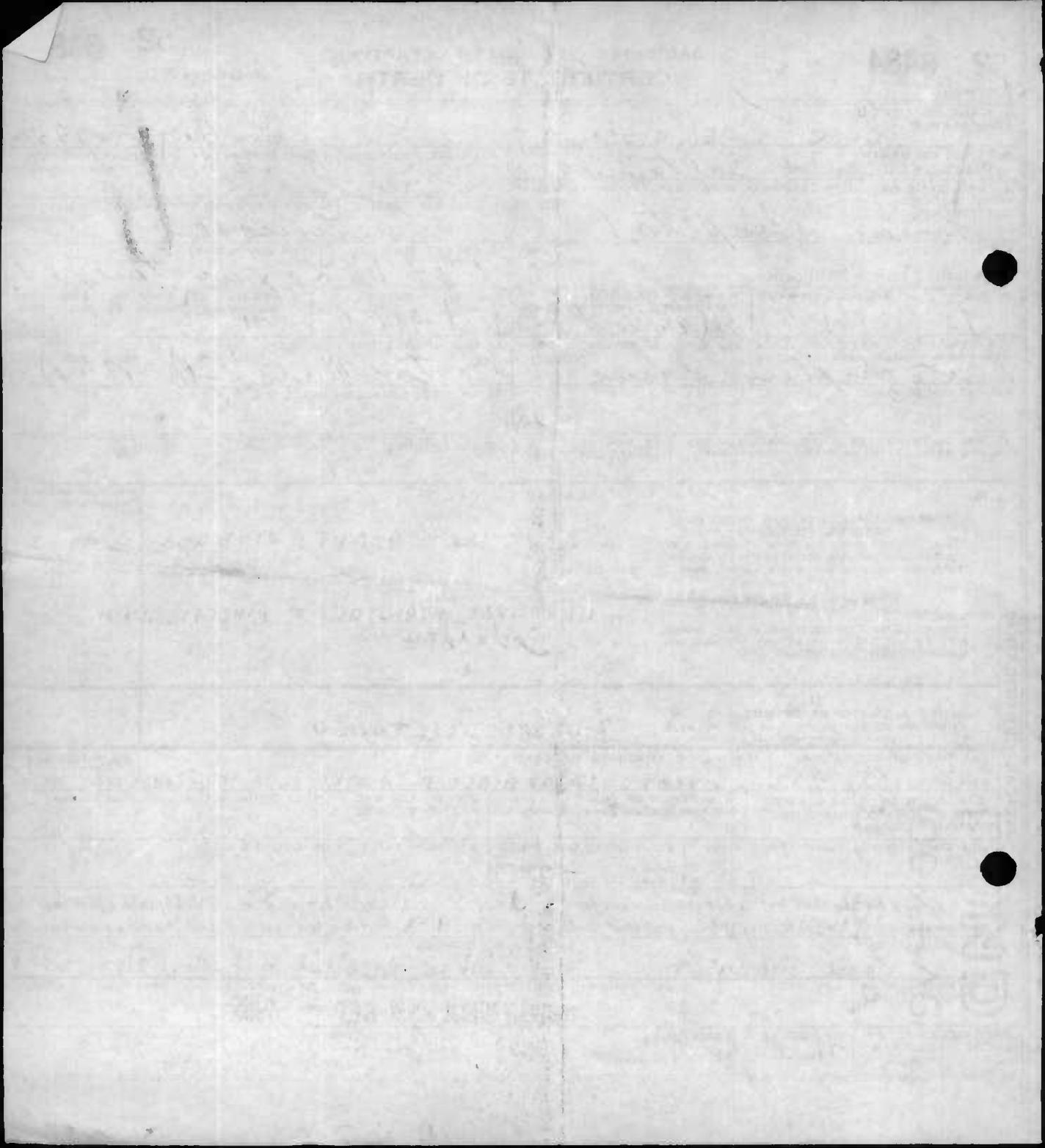
ADDRESS

Huntington Williams, M.D.

VS 150

195 070485 8470

MEDICAL CERTIFICATION



52 8485
AB-160921BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 8485

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

George Adam Powell, Sr.

2. DATE
OF
DEATH

Sept. 13-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE Baltimore City Hospitals
4940 Eastern Ave.4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTYC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 23-02D. STREET ADDRESS (If rural, give location)
1500 S. Hanover St. zone 30

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Married (Separated)

8. DATE OF BIRTH

Sept. 30-1899

9. AGE (in years
last birthday) 52If Under 1 Year Months: Days
If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Chauffer,

10B. KIND OF BUSINESS OR INDUSTRY
Benny's Sea Food

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?
U.S.

13. FATHER'S NAME

John Robert Powell (R)

14. MOTHER'S MAIDEN NAME

Lula Kirk (Kock)

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT 4940 Eastern Ave
Records: Baltimore City Hospitals

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Pneumonia

2 days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK WORK AT WORK

22. I hereby certify that I attended the deceased from 7-10 19 52 to 9-13- 19 52, that I last saw the deceased alive on 9-13- 19 52, and that death occurred at 9:15 a.m., from the causes and on the date stated above.

23A. SIGNATURE

H. C. Johnson

M. D.

23B. ADDRESS

4940 Eastern Ave., Baltimore, Md.

23C. DATE SIGNED

9-13-1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

52 8486

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 8486

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Alice Calder Kirk

2. DATE
OF
DEATH

9-12-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Union Memorial Hosp.

C. Length of stay in Baltimore

1

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR
INDUSTRY

None

13. FATHER'S NAME

Mr. John A. Calder

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

None

16. SOCIAL
SECURITY NO.

None

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Maryland

Howard

C. CITY OR TOWN

Baltimore 18 Herrytown

D. STREET ADDRESS (If rural, give location)

300 E. University Parkway

8. DATE OF BIRTH

July 3, 1905

9. AGE (In years
last birthday)

87

11 Under 1 Year
Months: Days12 Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Virginia (Richmond)

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

Eudora Jackson

17. INFORMANT

ADDRESS

Mrs. Wm. E. Byrd (daughter) Balto. Md.

18. 561.4

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

myocardial infarction
pulmonary edema

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Rupture cardiac end of stomach

DUE TO

(C)

Diaphragmatic Hernia

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 9-11 1952 to 9-12, 1952 that I last saw the
deceased alive on 9-12, 1952 and that death occurred at 11:00 m., from the causes and on the date stated above.

23A. SIGNATURE

Robert E. Huggins

M. D.

23B. ADDRESS

Union Memorial Hosp

23C. DATE SIGNED

9-12-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

Sept. 15/52

Loudon Park

Baltimore, Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Huntington Williams, M.D. Stewart & Mowen Co., 108 W. North Ave.

SEP 14 1952

19520908481

City #1.

correct age is especially important. Physicians, please write the cause of death clearly and legibly.

MEDICAL CERTIFICATION

No.	Name of Plant	Local Name	Description
1	Cassia	Cassia	Tree 10-15 ft. high, flowers yellow.
2	Cassia	Cassia	Tree 10-15 ft. high, flowers yellow.
3	Cassia	Cassia	Tree 10-15 ft. high, flowers yellow.
4	Cassia	Cassia	Tree 10-15 ft. high, flowers yellow.
5	Cassia	Cassia	Tree 10-15 ft. high, flowers yellow.
6	Cassia	Cassia	Tree 10-15 ft. high, flowers yellow.
7	Cassia	Cassia	Tree 10-15 ft. high, flowers yellow.
8	Cassia	Cassia	Tree 10-15 ft. high, flowers yellow.
9	Cassia	Cassia	Tree 10-15 ft. high, flowers yellow.
10	Cassia	Cassia	Tree 10-15 ft. high, flowers yellow.
11	Cassia	Cassia	Tree 10-15 ft. high, flowers yellow.
12	Cassia	Cassia	Tree 10-15 ft. high, flowers yellow.
13	Cassia	Cassia	Tree 10-15 ft. high, flowers yellow.
14	Cassia	Cassia	Tree 10-15 ft. high, flowers yellow.
15	Cassia	Cassia	Tree 10-15 ft. high, flowers yellow.
16	Cassia	Cassia	Tree 10-15 ft. high, flowers yellow.
17	Cassia	Cassia	Tree 10-15 ft. high, flowers yellow.
18	Cassia	Cassia	Tree 10-15 ft. high, flowers yellow.
19	Cassia	Cassia	Tree 10-15 ft. high, flowers yellow.
20	Cassia	Cassia	Tree 10-15 ft. high, flowers yellow.
21	Cassia	Cassia	Tree 10-15 ft. high, flowers yellow.
22	Cassia	Cassia	Tree 10-15 ft. high, flowers yellow.
23	Cassia	Cassia	Tree 10-15 ft. high, flowers yellow.
24	Cassia	Cassia	Tree 10-15 ft. high, flowers yellow.
25	Cassia	Cassia	Tree 10-15 ft. high, flowers yellow.
26	Cassia	Cassia	Tree 10-15 ft. high, flowers yellow.
27	Cassia	Cassia	Tree 10-15 ft. high, flowers yellow.
28	Cassia	Cassia	Tree 10-15 ft. high, flowers yellow.
29	Cassia	Cassia	Tree 10-15 ft. high, flowers yellow.
30	Cassia	Cassia	Tree 10-15 ft. high, flowers yellow.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

52 8487

52 8487

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Ray Allnight

2. DATE
OF
DEATH

September 13, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

(If not in hospital or institution, give street address or location)

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

Md.

V-45

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Mac Oun

D. STREET ADDRESS (If rural, give location)

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

single

8. DATE OF BIRTH

11-29-45

9. AGE (In years
last birthday)

6

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

W. VA.

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Varlin Allnight

14. MOTHER'S MAIDEN NAME

Currie

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

JOHNS HOPKINS HOSPITAL

ADDRESS

18. 193X 1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

medulloblastoma
of cerebellum

4 1/2 months

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) DUE TO
(C) DUE TOII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

9-13-52

19B. MAJOR FINDINGS OF OPERATION

hydrocephalus

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

M.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-5, 1952, to 9-13, 1952, that I last saw the
deceased alive on 9-13, 1952, and that death occurred at 7P. m., from the causes and on the date stated above.

23A. SIGNATURE

Joemi Queen

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

9-14-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

W. A. Cook 1 INC, 1217 ST. PAULS

VS 150

SEP 15 1952

52 8487

524

52 8488

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 8488

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>IRVIN Vingling</i>			2. DATE OF DEATH <i>9/13/52</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MD.</i> B. COUNTY <i>Carroll</i>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>Univ. Hosp.</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Taneytown - Rural</i>		
C. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) <i>5600</i>		
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>DIVORCED</i>	8. DATE OF BIRTH <i>Sept 23, 1889</i>		9. AGE (In years last birthday) <i>63</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>TRACK FOREMAN</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Railroading</i>	11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13. FATHER'S NAME <i>Allen Vingling</i>			14. MOTHER'S MAIDEN NAME <i>Rosie Stitely</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>Unknown</i>			16. SOCIAL SECURITY NO. <i>Unknown</i>		
17. INFORMANT <i>Leo H Vingling</i>			ADDRESS <i>Thurmont, Md.</i>		
18. <i>331X I</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, assthenia, etc. It means the disease, injury or complication which caused death.) <i>Cerebral VAS. Accident</i> DUE TO			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>9/13</i> , 19 <i>52</i> , to <i>9/13</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>9/13</i> , 19 <i>52</i> and that death occurred at <i>10:30 P.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Michael J. Foley</i> M.D.			23B. ADDRESS <i>Univ. Hosp</i>		23C. DATE SIGNED <i>9/14/52</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>Sept 16, 1952</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Reformed Cemetery</i>	24D. LOCATION (City, town, or county) (State) <i>Taneytown Maryland</i>		
DATE RECEIVED BY LOCAL REGISTRAR <i>SEP 15 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>C. D. Fuss & Son</i>		ADDRESS <i>Taneytown, Md.</i>	

52350 008483

MEDICAL CERTIFICATION

52 8489

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 8489

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John R. Thompson

2. DATE
OF
DEATH

September 13, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland 1913 Eutan Place

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE Maryland B. COUNTY Baltimore

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

10 Twilight Nursing Home

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

Baltimore 27-19

Length of stay in Baltimore 9 years

D. STREET ADDRESS (If rural, give location)

5821 Highgate Drive

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

July 13, 1872

9. AGE (In years last birthday)

80

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired Carpenter Building

10B. KIND OF BUSINESS OR INDUSTRY

Building

11. BIRTHPLACE (State or foreign country)

Manchester, Pa.

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Harry Thompson

14. MOTHER'S MAIDEN NAME

Edith MacPerry

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

504-10-1289

17. INFORMANT

Mrs. Tarrell Hinkle

ADDRESS

5821 Highgate Drive

18. 450.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Sensitivity - Chronic Gastric Ulcer

5 Yrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

Atherosclerosis

5 Yrs

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Chronic Gastric Ulcer

10 Yrs

19A. DATE OF OPERATION

2-20-52

19B. MAJOR FINDINGS OF OPERATION

Refracted Duodenal Ulcer.

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 12, 1951, to Sept. 11, 1952, that I last saw the deceased alive on Sept. 11, 1952, and that death occurred at 5 A. M., from the causes and on the date stated above.

23A. SIGNATURE

J. H. H. H. H.

23B. ADDRESS

2212 South Road

23C. DATE SIGNED

9/13/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Sept 15, 1952

24C. NAME OF CEMETERY OR CREMATORY

Pikesville, Maryland

24D. LOCATION (City, town, or county) (State)

Pikesville, Maryland

DATE RECEIVED BY LOCAL REGISTRAR

SEP 15 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Spring Byers

ADDRESS

5005 N. Light

Dr. Aeghianian
2212 South Road

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 8490
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Annie V. Johnson

2. DATE
OF
DEATH Sept. 13, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR Hood Convalescent Home location)
INSTITUTION

5313 Edmondson Ave.,

Yrs.
Mos.
Days

Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

June 2, 1875

9. AGE (in years

77

11 Under 1 Year

Months Days

11 Under 24 Hours

Hours Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

House-wife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Gilbert Gott

14. MOTHER'S MAIDEN NAME

Victoria Hardesty

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.
none

17. INFORMANT

ADDRESS

Mr. Milton O. Johnson 2921 Presbury St

18. 334X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Brochopneumonia

4 days

DUE TO

Generalized + cerebral
arteriosclerosisSeveral
years

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 10, 1952, to Sept. 13, 1952, that I last saw the
deceased alive on Sept. 12, 1952, and that death occurred at 4:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Louis E. Wice

M. D.

23B. ADDRESS

920 St. Paul

23C. DATE SIGNED

Sept. 14, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

9-15-1952

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park

24D. LOCATION (City, town, or county)

Baltimore,

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

G. Howard Strong 3207 W. North Ave.,

Dr Louis Wice

920 St. Paul St

MU 0837

52 8491

REA-162653

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 8491

Registered No.

BIRTH NO. 52-20629

1. NAME OF DECEASED
(Type or Print)

Baby Boy Roberts-Marjorie

2. DATE
OF
DEATH

Sept. 2, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE Baltimore City Hospitals
4940 Eastern Avenue

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 16-04

D. STREET ADDRESS (If rural, give location)

1937 Lafayette Ave.- 23

E. Length of stay in Baltimore

life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)
Single

8. DATE OF BIRTH

Sept. 1, 1952

9. AGE (In years
last birthday)If Under 1 Year
Months Days Hours Min.
110A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Williai Roberts

14. MOTHER'S MAIDEN NAME

Marjorie Hubbard

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
Records: B. C. H. 4940 Eastern Avenue

18. 7593

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Multiple congenital Anomalies

DUE TO

1 day

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-1, 1952, to 9-2, 1952, that I last saw the
deceased alive on 9-2, 1952, and that death occurred at 7:50P m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS
4940 Eastern Avenue

23C. DATE SIGNED

9-10-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)
Cremation

24B. DATE

9-6-52

24C. NAME OF CEMETERY OR CREMATORY

B. C. H. Crematory

24D. LOCATION (City, town, or county) (State)

4940 Eastern Ave. Balto. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

SEP 15 1952

25. FUNERAL DIRECTOR

ADDRESS

1818 8181

RECEIVED BY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

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correct age is especially important. Physicians: please write the causes of death clearly and legibly.

52 8492

52 8492

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. _____

VMC-162623

BIRTH NO. 52-20881

1. NAME OF DECEASED
(Type or Print)

Baby Boy Welty (Grace)

2. DATE
OF
DEATH

9-4-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Baltimore City Hospitals
4940 Eastern Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)
505 W. Mulberry St. --1

Length of stay in Baltimore

life

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Sept. 1, 1952

9. AGE (In years last birthday)

3

10. Under 1 Year Months: Days: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

William Hoff

14. MOTHER'S MAIDEN NAME

Grace Welty

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Records: B. C. H. 4940 Eastern Ave.

18. 768.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Septicemia

DUE TO

24 hrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 9-1-52, 1952, to 9-4-52, 1952, that I last saw the deceased alive on 9-4-1952, and that death occurred at 2:00A.M., from the causes and on the date stated above.

23A. SIGNATURE

R. B. Hogan

M. D.

23B. ADDRESS

4940 Eastern Ave.

23C. DATE SIGNED

9-10-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Cremation

24B. DATE

9-6-52

24C. NAME OF CEMETERY OR CREMATORY

B. C. H. Crematory

24D. LOCATION (City, town, or county)

4940 Eastern Ave., Balto. Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Wallis, M.D.

25. FUNERAL DIRECTOR

ADDRESS

SEP 15 1952

19520008407

UNITED STATES DEPARTMENT OF THE INTERIOR

WATER

RESOURCES

ACT

1964

1964

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1964

1964

530
AB-161832 52 8493BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 8493

Registered No.

BIRTH NO.

52-18704

1. NAME OF DECEASED
(Type or Print)

Baby Girl Smith

2. DATE
OF
DEATH

August 14-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTE Baltimore City Hospitals
4940 Eastern Ave.

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

835 Aisquith St. zone 2

5. SEX

F

6. COLOR OR RACE

N

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

August 7-1952

9. AGE (In years
last birthday)10 Under 1 Year
Months: Days: 711 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Willie Smith

14. MOTHER'S MAIDEN NAME

Mary Wright

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Records: BC.H. 4940 Eastern Ave.

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Septicemia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Prematurity

DUE TO

(C)

7 days

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-7-1952 to 8-14-1952, that I last saw the
deceased alive on 8-14-1952, and that death occurred at 11:45 AM from the causes and on the date stated above.

23A. SIGNATURE

J. S. Ogen

23B. ADDRESS

4940 Eastern Ave., Baltimore, Md.

23C. DATE SIGNED

9-10-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Cremation

24B. DATE

9-3-52

24C. NAME OF CEMETERY OR CREMATORY

B. C. H. Crematory

24D. LOCATION (City, town, or county)

4940 Eastern Ave. Balto. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 15 1952

Huntington Williams, M.D.

DEPARTMENT OF COMMERCE

UNITED STATES DEPARTMENT OF COMMERCE

52 8495
BIRTH NO. 82-19184BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 8495

1. NAME OF DECEASED
(Type or Print)

Pamela Wehr

2. DATE
OF
DEATH

Sep 12, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

D + 2 St. 4 E

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

Md.

B. COUNTY

Baltimore Dundalk

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

7301 School Ave

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Aug. 20, 1952

9. AGE (In years
last birthday)If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.

23

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

William Wehr

14. MOTHER'S MAIDEN NAME

Elizabeth Wright

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT ADDRESS

JOHNS HOPKINS HOSPITAL

18. 274X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Adrenal hyperplasia

life

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/10, 1952 to 9/12, 1952 that I last saw the
deceased alive on 9/12, 1952 and that death occurred at 7:00 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Neil W. Lewis M. O.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

9/13/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

Sept 15/52

24C. NAME OF CEMETERY OR CREMATORY

Oak Lawn

24D. LOCATION (City, town, or county)

Bella

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

(1/5) 2008 Alameda

1913

CERTIFICATE OF DEATH

1913

Blank certificate form with horizontal lines for text entry.

STATE OF TEXAS

[The body of the document contains several paragraphs of text, which are mostly illegible due to the quality of the scan. The text appears to be a legal document, possibly a deed or a contract, given the header information. There are two large black circular marks on the right side of the page, which could be punch holes or artifacts from the scanning process.]

52 8497

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 8497

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOHN Edw PEARTE

2. DATE

OF DEATH Sept. 12, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1428 Linden Avenue

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Maryland General Hospital

life

Yrs.

Mos.

Days

Length of stay in Baltimore

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Feb. 22, 1925

9. AGE (In years last birthday)

27

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Painter - Employed

10B. KIND OF BUSINESS OR INDUSTRY

House painting

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

U. S.

13. FATHER'S NAME

James W. Peart

14. MOTHER'S MAIDEN NAME

Mary B. McDaniel

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Mary B. Peart 1917 Eutaw Place

18. E902.0 + 372.2

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Skull fracture

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

home

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

1428 Linden Avenue

21D. TIME (Month) (Day) (Year) (Hour)

Sept. 12, 1952 8:45 P. m.

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Fell from 3rd floor window while intoxicated

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23b. CHIEF MEDICAL EXAMINER.....

23c. DATE SIGNED

M.D.

MEDICAL INVESTIGATOR.....

Sept. 13, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

burial

24B. DATE

9 - 16 - 52

24C. NAME OF CEMETERY OR CREMATORY

Baltimore National

24D. LOCATION (City, town, or county)

Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

John O. Mitchell & Sons, Inc. - 1900 Eutaw Place

VS 151

N-803-2

556424 2 8 4 9 2

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

[The following text is extremely faint and largely illegible. It appears to be a form or report with multiple sections and lines of text.]

[Section 1: Header/Title area]

[Section 2: Personal Information area]

[Section 3: Medical History area]

[Section 4: Examination area]

[Section 5: Laboratory/Tests area]

[Section 6: Treatment/Management area]

[Section 7: Prognosis/Outcome area]

[Section 8: Signature/Date area]

362
52 8498BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 8498
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) WILLIAM P. STRICKLAND		2. DATE OF DEATH 12 SEPT. 52	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD. B. COUNTY	
b. FULL NAME OF HOSPITAL OR INSTITUTION LUTHERAN HOSPITAL		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTO. 20-02	
c. Length of stay in Baltimore Yrs. Mos. Days		d. STREET ADDRESS (If rural, give location) 2104 VINE ST. #17	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH Oct. 1980
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance Man		10b. KIND OF BUSINESS OR INDUSTRY Appt. House	9. AGE (In years last birthday) 72
11. BIRTHPLACE (State or foreign country) Georgia		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Strickland		14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Mrs. Mary Cosden		ADDRESS 1816 Bolton	
18. 491X and 157X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Brucella pneumonia DUE TO (A)		CAUSE OF DEATH (B) (C)	
19. DATE OF OPERATION 2		19b. MAJOR FINDINGS OF OPERATION ? Carcinoma of the pancreas	
20. AUTOBIOGRAPHY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 9/8/52 to 9/12/52 , that I last saw the deceased alive on 9/12/52 , and that death occurred at 11:30 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE M. S. Parley		23b. ADDRESS Lutheran Hospital	
23c. DATE SIGNED 13 Sept. 52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept 15 1952	
24c. NAME OF CEMETERY OR CREMATORY London Park		24d. LOCATION (City, town, or county) (State) Baltimore Md.	
DATE RECEIVED BY LOCAL REGISTRAR SEP 15 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
25. FUNERAL DIRECTOR George R. Schwab		ADDRESS 302 Frederick Ave	

8-108

8

STATE OF NEW YORK
OFFICE OF THE ATTORNEY GENERAL

8-108



CORMAN
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 8499
Registered No.

52 8499
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Anna Corman			2. DATE OF DEATH 9-14-52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION UNIVERSITY HOSPITAL			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore, Md. 15-11		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 3406 Wabash Ave #15		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH		9. AGE (In years last birthday) 57
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Russia
12. CITIZEN OF WHAT COUNTRY?			13. FATHER'S NAME Max Feldstein		
14. MOTHER'S MAIDEN NAME Sophie			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		
16. SOCIAL SECURITY NO.			17. INFORMANT Morris Corman ADDRESS same		

18. 456X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Pericarditis nodosa		INTERVAL BETWEEN ONSET AND DEATH 3 yrs.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., In or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **9-1**, 19**52**, to **9-14**, 19**52**, that I last saw the deceased alive on **9-14**, 19**52**, and that death occurred at **9:05 P.m.**, from the causes and on the date stated above.

23A. SIGNATURE Donald A. Wolfel	M. D.	23B. ADDRESS University Hospital	23C. DATE SIGNED 9-16-52
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 9-16-52	24C. NAME OF CEMETERY OR CREMATORY Beth Tzelok	24D. LOCATION (City, town, or county) (State) Balto Md
--	-----------------------------	--	--

DATE RECEIVED BY LOCAL REGISTRAR SEP 15 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Jack Lewis	ADDRESS 2100 Centau Rd
--	---	---	----------------------------------

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **52 8500**

BIRTH NO.

52 85001. NAME OF DECEASED
(Type or Print)**HARRY L. GRAHAM**2. DATE
OF
DEATH**Sept. 12, 1952**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION**5014 Edmondson Avenue**4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE**Maryland**

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

5014 Edmondson Avenue

5. SEX

male

6. COLOR OR RACE

white7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)**Married**

8. DATE OF BIRTH

Oct. 7, 18889. AGE (In years
last birthday)**63**If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Salesman

10B. KIND OF BUSINESS OR INDUSTRY

Clark Hill Shaefer Inc.

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Edmondson Graham

14. MOTHER'S MAIDEN NAME

Martha15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.**216-03-7599**

17. INFORMANT

ADDRESS

Mrs. Helen V. Graham, 501418. **470.1**

CAUSE OF DEATH

Edmondson AveINTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) **Coronary occlusion**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **inspection & inquiry** thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

William L. Williams

M.D.

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

9-13-5224A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

Burial**Sept. 15/52**

24C. NAME OF CEMETERY OR CREMATORY

Landon Pk.

24D. LOCATION (City, town, or county)

Baltimore, Md.

DATE RECEIVED BY

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 15 1952**Huntington Williams, M.D. Harry F. Witzke, 4101 Edmondson**

0072 92

RECEIVED

0072

92